INTEGRATED BILLING INSURANCE IDENTIFICATION & VERIFICATION INTERFACE

USER GUIDE

IB Version 2.0
Patch IB*2.0*184, 252, 246, & 271

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Revision History

Note: The revision history cycle begins once changes or enhancements are requested to an approved SRS.

Date	Revision	Description	Author
09/18/03	Patch 184	Initial Version	Darlene White
02/08/05	Patch 271	Updated	Darlene White

PREFACE

The Insurance Identification and Verification (IIV) Interface provides for the identification and verification of veteran's insurance from the VistA Integrated Billing (IB) module.

The uninsured patient population size is expected to diminish because IIV automates the discovery process. In turn, third-party payments will increase because of the greater number of covered veterans. There is no estimate available for the impact anticipated from either result.

IIV presents a change in protocol for verifying health care insurance from a telephone-based to a computer communications-based procedure. Only if computer communications-based verification procedure fails does the staff revert to using the telephone-based procedure.

Scope of the Guide

This guide will show the IB functions and menu options where the user will be able to manage and review Insurance Identification and Verification (IIV) information in VistA.

This guide will show how to manage the IIV Interface but will not detail the intricacies of the interface. Please refer to the companion documents, *Integrated Billing Insurance Identification And Verification Interface Installation Guide* and *Integrated Billing Insurance Identification And Verification Interface Technical Manual*, created by Daou Systems, Inc. (Daou) for in-depth technical descriptions of how the interface works.

Audience

This guide is written with many job functions in mind. Health Information Managers using all aspects of Integrated Billing and IRM personnel involved with installing and implementing the Interface should read this guide. However, the information in this guide is primarily intended for those users who create, update, accept and reject Insurance Buffer entries using VistA's IB - Integrated Billing module.

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INTRODUCTION

The Role of the Insurance Identification and Verification Interface

How will the Insurance Identification and Verification (IIV) Interface change your job? Not very much of your typical Integrated Billing workflow will change now that IIV is installed. By design, many of the procedures followed in the past will remain the same. You will use your workstation to use the IB modules similar to the normal procedures followed in the past. In essence, IIV's functions will be somewhat transparent to the user. The Insurance Identification and Verification facility replaces much of the telephone work performed by insurance personnel to identify and verify health care insurance. IIV will compose queries from patient and insurance information in the VistA database and return to VistA the responses from the insurance companies.

Electronic insurance inquiries are to be made only of the commercial payers and the Blues. IIV does not ask about Medicare, Medicaid, and bill-to-employer coverage.

The Insurance Identification and Verification project uses computer communications to ask about health care eligibility and benefits of the commercial and Blues payers. Inquiries source from VistA systems to furnish current coverage information for insured and previously considered uninsured veterans. Increased accuracy and currency of verified insurance reduces the number of rejected third-party claims. The billing opportunities are increased by the identification of insurance.

VistA prepares HL7 inquiries overnight in response to registration, check in, and appointment events. The HL7 inquiries pass through Austin for translation into EDI 270 transactions and communication through WebMD to the payers. Their EDI 271 responses return through WebMD to Austin for translation into HL7 format and then transfer to VistA. There the information is placed into the insurance buffer for the insurance verifiers to review and accept into the permanent insurance files. Figure I-1 (page 3) shows the flow of inquiries from VistA to payers and payer responses back to VistA.

All inquiries and responses are captured in the National Health Care Insurance Cache in Austin. A medical center identifies insurance in the Cache for the traveling veterans. The center also verifies insurance in the Cache by drawing from recent responses to the veterans' home centers.

The IIV project introduces a VA national payer ID system. Its primary purpose is to position IIV and future EDI efforts to use any number of clearinghouses and vendors. Secondarily, it promises to be the basis for codifying insurance company identification, so that companies that have varying names in the VistA databases can be presented as one name in national reports.

For simplicity and functional grouping this guide is broken down into seven sections, which address major components of the IIV Interface listed as follows:

Section 1 – Site Parameters
Section 2 – Payers
Section 3 – Insurance Buffer
Section 4 – Request Electronic Insurance Inquiry
Section 5 – Auto Match
Section 6 – IIV Reports
Section 7 – Purging

Important: Please note that the terms 'eIIV' and 'IIV' both refer to the same application.

Functional Description

The Insurance Identification and Verification project (IIV) provides an extension to the existing VistA Insurance Buffer functionality to enable electronic discovery and confirmation of third-party commercial health insurance coverage for registered VA patients. Each night a process is run, via TaskMan, which compiles a batch of insurance eligibility inquiries based on activity within the system. Sources include unverified insurance information entered in the Insurance Buffer as well as patients that have scheduled appointments or have had past encounters, but have not had a recent verification of their insurance files. If a patient has no active insurance information on record, inquiries may be made to a user defined list of payers for that specific site, in an attempt to discover previously unknown coverage. These attempts by IIV to discover previously unknown insurance are called "identification inquiries". Sites are able to tailor the selection of patients for the nightly batch through a set of parameters that allow control of the volume of electronic inquiries made, which sources should be considered and date range parameters.

Inquiries are then verified through an exchange of electronic communications between the VistA system and the IIV Eligibility Communicator server that is located at the Austin Automation Center (AAC). This IIV Eligibility Communicator receives the eligibility inquiry messages and issues a response by first checking its National Health Care Insurance Cache (Cache) database for any fresh information that it may have on file, or if no current information is available it will forward the request to an electronic clearinghouse of insurance information. WebMD is currently contracted to handle the clearinghouse services. The clearinghouse, in turn, forwards the inquiry to the requested payer, for example, Aetna, Blue Cross/Blue Shield, or Cigna. The payer issues a response message to confirm or deny coverage based on the information provided in the inquiry. The IIV Eligibility Communicator processes the response and updates the Cache with the results to potentially be used for future inquiries. The response message is routed back to the VistA site and may be posted to the Insurance Buffer. Authorized users can review and accept the returned information into the current insurance files through enhancements to the insurance buffer list options. Figure I-2 shows the flowchart of IIV processes.

One challenge inherent in this process results from the fact that each VA site is able to maintain a separate list of insurance companies. In order for the various VistA locales to be able to effectively request eligibility information for the various payers, a national VA insurance payer list has been established. The national payer list provides a standard identification system for all payers that are participating in this process. Enhancements have been added to allow each VA site the ability to link the insurance companies in their own site's list to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry should be directed.

Additional features were also added to assist the users of the insurance buffer with IIV related tasks. A new feature named "Auto Match" has been added that allows the system to be "taught" rules for matching the user-entered insurance company names in the insurance buffer to existing entries in the site's insurance company file. Also, a new method has been added for accepting information from an insurance buffer entry into the patient's permanent insurance records that allows each data field change to be individually accepted or rejected. Another feature allows a user to select multiple buffer entries for the Process, Expand, and Reject entry actions, to ease the process of working with larger sets of buffer entries.

Figure I-1 Flowchart of Inquiries from VistA to Payers and Responses from Payers to VistA

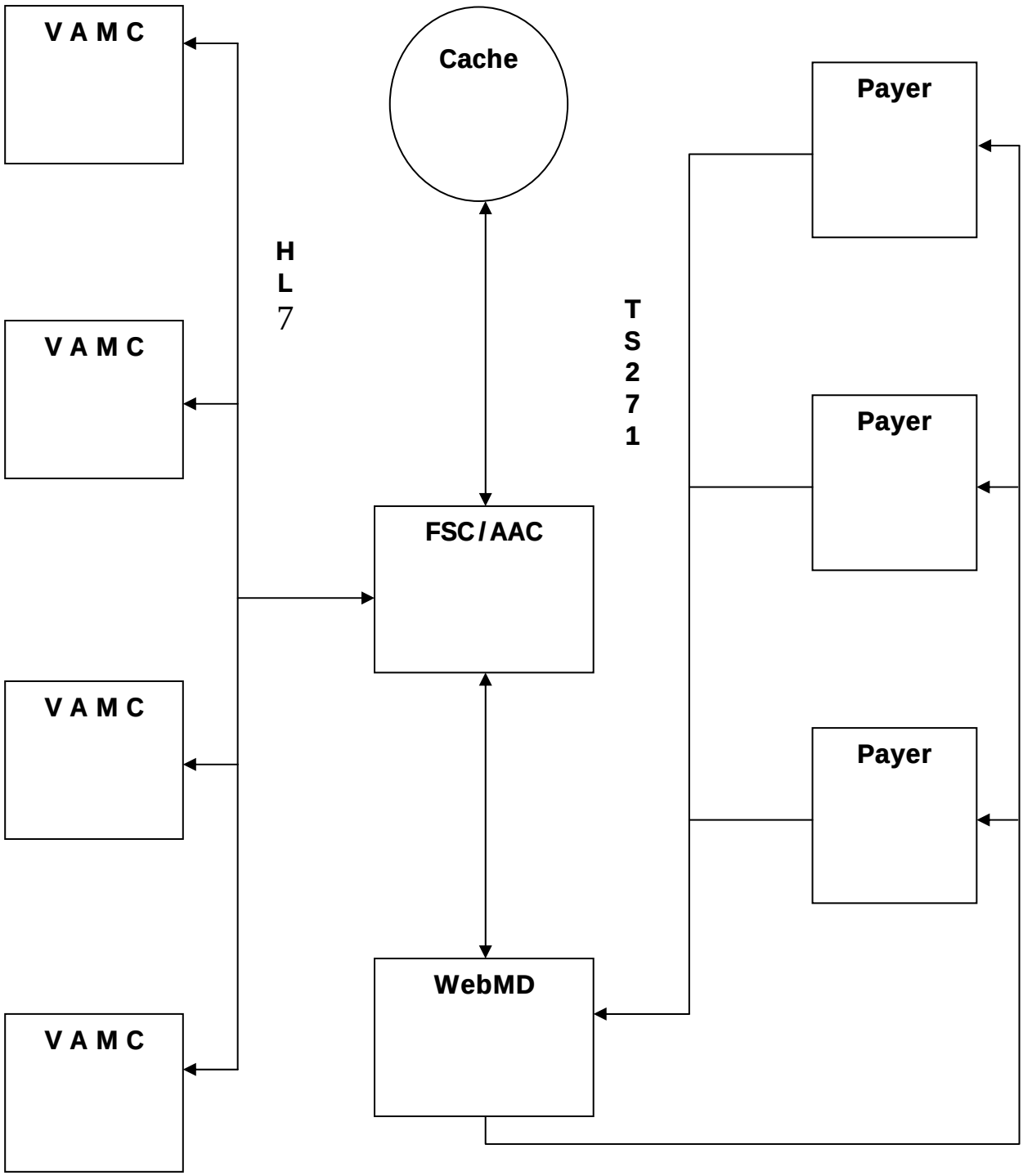
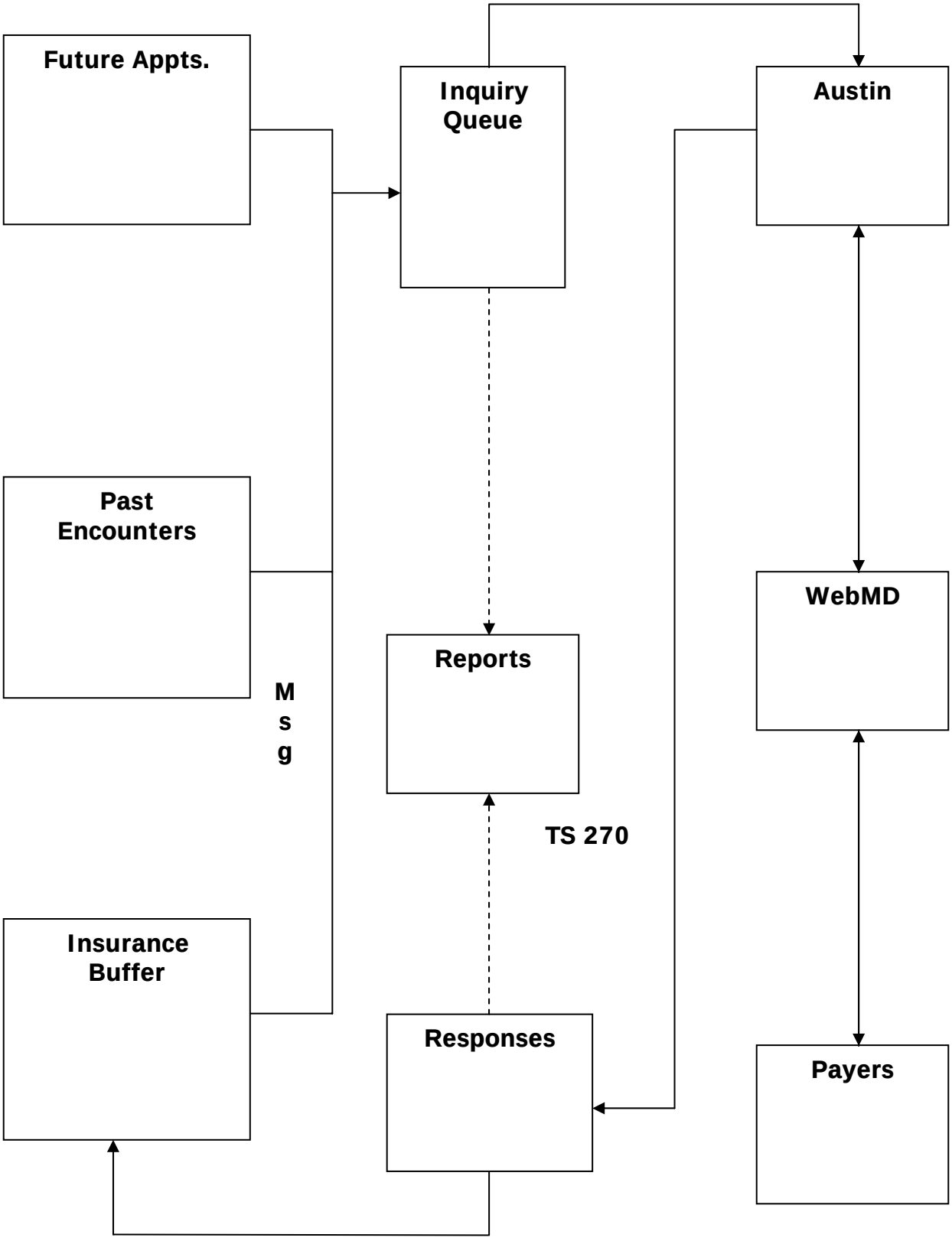


Figure I-2 Flowchart of IIV Processes



Quick Reference

The Quick Reference information section provides a convenient reference for staff to find IIV information relevant to their job functions. The security keys required for access to these activities are listed in the following charts. IRM references are relevant only for the Site Management staff. Insurance Supervisor references are relevant to Insurance Supervisors and Site Management. Insurance Verifiers references are relevant to Insurance Verifiers, Insurance Supervisors and Site Management.

Insurance Verifier

Action	Topic	Refer To Section	Security Key
To view payer information related to an insurance company.	View Insurance Company	Section 2 -- Payers	N/A
To view entries in the Auto Match file.	Auto Match	Section 5 – Auto Match	No Security Key is required to view Auto Match entries.
To discover what the eIIV source means in the Insurance Buffer.	Insurance Buffer – eIIV as a Source.	Section 3 – Insurance Buffer	N/A
To sort the Insurance Buffer by IIV Status.	Insurance Buffer - Sort by IIV Status	Section 3 – Insurance Buffer	N/A
To view IIV related information regarding insurance buffer entries.	Insurance Buffer - Expand Entry	Section 3 – Insurance Buffer	N/A
To view multiple insurance buffer entries at once using the Expand Entry action.	Insurance Buffer – Process, Expand, and Reject Entries	Section 3 – Insurance Buffer	N/A
To run the new IIV reports.	VistA IIV Reports	Section 6 – IIV Reports	N/A

Insurance Supervisor

Action	Topic	Refer To Section	Security Key
To link an insurance company to a payer.	Insurance Company Edit	Section 2 – Payers	IBCNE IIV SUPERVISOR
To edit payer information.	Payer Edit (Activate/Inactivate)	Section 2 – Payers	IBCNE IIV SUPERVISOR
To accept or reject multiple insurance buffer entries at once.	Insurance Buffer – Process, Expand, and Reject Entries	Section 3 – Insurance Buffer	IB INSURANCE SUPERVISOR
To add/edit/delete entries in the Auto Match file.	Auto Match	Section 5 – Auto Match	IBCNE IIV AUTO MATCH – if editing or adding entries.
To force IIV software to request an electronic inquiry request for a particular patient's insurance	Request Electronic Insurance Inquiry	Section 4 – Request Electronic Insurance Inquiry	IBCNE IIV SUPERVISOR
To edit the Site parameters associated with the IIV software.	Site Parameters	Section 1 – Site Parameters	IB SUPERVISOR
To maintain the Payer file	Payer Maintenance	Section 2 – Payers	IBCNE IIV SUPERVISOR
To edit the Site parameters associated with the IIV software.	Site Parameters	Section 1 – Site Parameters	IB SUPERVISOR

IRM

Action	Topic	Refer To Section	Security Key
To purge historical IIV related insurance inquiries and responses.	Purging	Section 7 -- Purging	XUMGR

Job Aid

The Job Aid shows an outline of eIIV menus and their relationships. It is a quick aid for locating user position within IIV. In addition it provides quick definitions for some of the new IIV changes and concepts. It also outlines the basic steps of how to identify additional insurance companies that need to be linked to a payer. These three pages can be used for quick reference separate from the User Guide.

eIIV Menus

Patient Insurance Menu

A. IIV Menu

1. Add Auto Match Entries Using Insurance Buffer Data
2. Enter/Edit Auto Match Entries
3. Request Electronic Insurance Inquiry
4. IIV Payer Link Report
5. Potential New Insurance Found …
   a) IIV Ambiguous Policy Report
   b) IIV Inactive Policy Report
6. IIV Payer Report
7. IIV Response Report
8. IIV Statistical Report

B. Payer Maintenance Menu

1. Link Insurance Companies to Payers
2. Payer Edit (Activate/Inactivate)

MCCR Site Parameter Display/Edit Option

A. IB Site Parameters

B. Claims Tracking Parameters

C. Third Party Auto Billing Parameters

D. Insurance Id and Verification

1. General Parameters
2. Batch Extracts Parameters
3. Patients Without Insurance
4. Most Popular Payers

IIV Purge Menu

A. Purge IIV Transactions

Update Methods (M/O/R/N/I)

The following methods may be utilized when processing/accepting entries through the Insurance Buffer:

M = MERGE
O = OVERWRITE
R = REPLACE
N = NO CHANGE
I = INDIVIDUALLY ACCEPT (SKIP BLANKS)

Backlogs in eIIV Processing

1. Review the IIV Statistical Report and examine the Queued Inquiries field. If this field is greater than zero there is a bottleneck with eIIV.
2. Compare the Daily HL7 Maximum Messages to the sum of the Maximum Extract Number values for all active extracts. If the HL7 Maximum Number is smaller than this sum a bottleneck will occur. *** The Daily HL7 Maximum Messages must be 20 or 25 higher than the sum of the Maximum Extract Number values for all active extracts.**
3. See Appendix A – IIV Troubleshooting, for suggestions of how to resolve a Backlog in eIIV.

Freshness Definition

The Freshness value determines how long eIIV should wait before it attempts to reconfirm insurance for a patient. This value is adjustable within the Insurance Id and Verification Site Parameters.

For the "Insurance Buffer" extract and the "Appointment" extract, the value is displayed as the "Days between electronic reverification checks" (a.k.a. Freshness Days). For the "No Insurance" extract and the "Non Verified" extract, the value is the 2nd number that is displayed within the Selection Criteria field.

Identify insurance companies that need to be linked to a payer

* This is an on-going process and should be done periodically, especially when a new payer is added to IIV. The IIV Statistical Report will list new payers as they are added to IIV.

Step 1. Review a list of the IIV payers

Review the list of current IIV payers to see which ones have not been linked using the IIV PAYER LINK REPORT (see section 6 for more details), found on the IIV MENU. Enter the following parameters to get the basic payer summary list:

- Select a report option: 1// **1 Payer List**
- Select a Payer (RETURN for ALL Payers): **{return}**
- Select the type of payers to display: 3// **ALL Payers**
- Select insurance company detail option: 1// **2 Do not list linked insurance comp any detail**
- Select the primary sort field: 1// **Payer Name**

Step 2. Link insurance company entries to a selected payer

Identify and select an IIV payer to link. Select payers who either have no insurance companies currently linked to them, or it seems like not all possible insurance companies are linked to that payer. For example, the payer link report may show that the payer for "Aetna" only has 2 insurance companies linked to it. However, there are 20 or more different entries (addresses) for Aetna in the Insurance Company file (#36). Each of those Aetna insurance companies should be linked to the Aetna payer using the PA (Payer) selection when the insurance company is pulled up using the EI - INSURANCE COMPANY ENTER/EDIT screen (see section 2 for more details). When the PA action is used, it will ask for a payer to "link" or assign for that insurance company. This will need to be repeated for as many insurance companies as possible for each payer.

The IIV PAYER LINK REPORT can be used to assist with this process as well by searching for unlinked insurance companies that have certain keywords in their name. For example, if a user is linking all Aetna insurance companies to the Aetna payer, there will be several insurance companies that have an obvious name like "Aetna", "Aetna US", "Aetna Healthcare", etc. There may also be some insurance companies that have a less obvious name like "NW Aetna", etc. Here are suggested parameters for running the IIV PAYER LINK REPORT to search insurance company names by keyword:

- Select a report option: 1// **2 Insurance Company List**
- Select type of insurance companies to display: 3// **1 Unlinked insurance companies**
- Enter an insurance company search keyword (RETURN for ALL): // **AETNA {keyword searched}**

Step 3. Ensure that the selected payer is locally active

There is a column in the payer list generated in step #1 above, which indicates whether or not each payer is "locally active". If this column says "NO" for locally active, then it should be enabled using the PAYER EDIT (Activate/Inactivate) option (section2 for more details). *Note: If a site is having problems with a particular payer, a user can intentionally turn off the payer to prevent any more inquiries from being generated while the problem is being researched. To turn off a payer, use the PAYER EDIT (Activate/Inactivate) option to inactivate the payer locally.

This payer list (from step #1 above) also has a column that shows whether a site is "Nationally Active" or not. The IIV administrators, on a nationwide basis, control this value. When a value of "NO" is seen for "Nationally Active", this typically means that IIV has been having some problems with communications to/from this particular payer, and has therefore been disabled while these problems are ironed out. It is recommended that users link and locally activate these payers anyway, so that inquiries will automatically be sent for that payer once it is nationally turned on again.

Step 4. Repeat the procedure for each unlinked IIV payer

IIV PAYER LINK report is a very flexible tool for checking what currently is or isn't linked. Refer to the IIV user manual section 6 for more details about this report.

SECTION 1 – SITE PARAMETERS

Introduction

The Insurance Identification and Verification (IIV) parameters can be found on the main MCCR Site Parameter Display/Edit screen in the bottom right corner. Each VA site can use the IIV parameters to configure or reconfigure the data extract criteria and other behaviors of the IIV application to better handle that site's unique data and system requirements.

The MCCR Site Parameter Display/Edit option can be found on the MCCR System Definition Menu. This menu is only accessible for those users with the IB SUPERVISOR security key.

Recommended Site Parameter Settings

Upon installation of patch IB*2.0*184 (IIV), the Insurance Supervisor needs to configure the IIV Site Parameters. It is through these site parameters that a site enables the IIV batch extracts, and tells the system how to behave. This is perhaps the most critical portion of IIV. Figure 1-1 shows a table of recommended Site Parameter Settings. Please note the recommended IIV Settings for initial runs may be different at your site.

Recommended Site Parameter Settings

General Parameters

Freshness Days:	180	Contact Person:	{enter name of IIV installer}
Daily Mailman Msg:	YES	Contact Office Phone:	{required}
		Contact Email:	{required -Outlook acct. recommended}
Daily Stat Report Time:	0700		
Mailgroup for IIV msgs:	IBCNE IIV MESSAGE	Failure Mailman Msg?	Yes
HL7 Processing Mode:	Immediate		
HL7 Batch Start Time:			
HL7 Batch Stop Time:			
HL7 Max Number:	195		

Patients without Ins Settings:

Inquire Inactive Ins?:	Yes
Inquire Popular Payers?:	Yes
Number of Popular to Inquire:	10

Batch Params:

Extract #1 - Ins. Buffer		**Extract #3 - Non-Verified**	
Active?:	On	Active?:	On
Max Extract Number:	50	Selection Criteria 1:	180
		Selection Criteria 2:	180
		Max Extract Number:	50
Extract #2 - Appointment		**Extract #4 - No Insurance**	
Active?:	On	Active?:	On
Selection Criteria 1:	30	Selection Criteria 1:	180
Max Extract Number:	50	Selection Criteria 2:	180
		Max Extract Number:	20

Figure 1-1 Recommended IIV Site Parameter Settings for Initial Installation

Configure IIV Site Parameters

After installing the patch, it is essential that users configure the IIV Site Parameters to activate and initialize the IIV application. All data extracts are installed as inactive and must be activated and configured to meet your site's individual needs. The IIV application can be reconfigured at any time to modify the extract criteria and other functionality to better suit your site's changing requirements. The IIV Site Parameters are managed as a new section through the existing MCCR Site Parameters Display/Edit option.

MCCR Site Parameters

The following screen displays the main MCCR Site Parameters screen showing the addition of the Insurance Identification and Verification parameters at the bottom right.

```
MCCR Site Parameters          Jul 03, 2002@12:35:45          Page:    1 of    1
Display/Edit MCCR Site Parameters.
Only authorized persons may edit this data.


 IB Site Parameters                          Claims Tracking Parameters
    Facility Definition                         General Parameters
    Mail Groups                                 Tracking Parameters
    Patient Billing                             Random Sampling
    Third Party Billing
    Provider Id
    EDI Transmission

 Third Party Auto Billing Parameters         Insurance ID and Verification
    General Parameters                          General Parameters
    Inpatient Admission                         Batch Extracts Parameters
    Outpatient Visit                            Patients Without Insurance
    Prescription Refill                         Most Popular Payers

          Enter ?? for more actions
IB  Site Parameter          AB  Automated Billing     EX  Exit Action
CT  Claims Tracking         IV  Ins Id and Verif
Select Action: Quit//
```

Figure 1-2 MCCR Parameters with Insurance Identification and Verification Parameters

User Input Field

SELECT ACTION: To modify the IIV Site Parameters the user should select IV (Ins Id and Verif) to access the IIV Site Parameters screen.

Insurance Identification and Verification Site Parameters

Selecting the IV action will display the new Insurance Identification and Verification parameter screen. There are four sub-sections to this new parameter screen:

- General Parameters
- Batch Extracts
- Patients Without Insurance
- Most Popular Payers.

The following figure displays the Insurance Identification and Verification Site Parameters screen with Immediate HL7 Processing Method selected.

```
eIIV Site Parameters          Mar 24, 2003@10:31:48      Page:    1 of    1
Only authorized persons may edit this data.
-------------------------------------------------------------------------------

  General Parameters
   Days between electronic reverification checks:  180
       Send daily statistical report via MailMan:  YES
        Time of day for daily statistical report:  0700
                    Mail Group for eIIV messages:  IBCNE IIV MESSAGE
                  HL7 Response Processing Method:  IMMEDIATE
                      Daily Maximum HL7 Messages:  195
                                  Contact Person:  SMITH,ALICE

   Receive MailMan message when unable to electronically
          confirm insurance due to communication problem:  YES
```

```
  Batch Extracts

   Extract                Selection  Maximum # to
   Name          On/Off   Criteria   Extract/Day
   Buffer        ON       N/A        50
   Appt          ON       30         50
   Nonverified   ON       180/180    50
   No Insurance  ON       180/180    20


  Patients Without Insurance
  Look at a patient's inactive insurance?  YES
  Attempt inquiry by most popular payers?  YES
                  How many payers to try?  10

  Most Popular Payers
   Last Saved:  05/06/2004@15:37:53
                                                          Nationally  Locally
    #  Payer Name                                 National ID   Active?     Active?
    1. TUFTS                                      VA24           YES        YES
    2. AETNA1 US HEALTHCARE (PHASE III)           VA1            YES        YES

   An insurance company will not be available for electronic identification
   if the associated payer does not have a National ID or is not locally
   active.

          Enter ?? for more actions
GP  General Parameters     PW  Patients w/o Ins       EX  Exit Action
BE  Batch Extracts         MP  Most Popular Payers
Select Action: Quit//
```

Figure 1-3 IIV Site Parameters Screen with Immediate HL7 Processing Parameters

The following figure displays the IIV Site parameter screen with Batch HL7 Processing Method selected.

```
eIIV Site Parameters          Mar 24, 2003@10:31:48      Page:    1 of    1
Only authorized persons may edit this data.
-------------------------------------------------------------------------------

  General Parameters
   Days between electronic reverification checks:  180
       Send daily statistical report via MailMan:  YES
        Time of day for daily statistical report:  0700
                    Mail Group for eIIV messages:  IBCNE IIV MESSAGE
                HL7 Response Processing Method:  BATCH
                          HL7 Batch Start Time:  0700
                           HL7 Batch Stop Time:  0900
                    Daily Maximum HL7 Messages:  195
                                 Contact Person:  SMITH,ALICE

   Receive MailMan message when unable to electronically
          confirm insurance due to communication problem:  YES



  Batch Extracts

   Extract               Selection  Maximum # to
   Name          On/Off  Criteria   Extract/Day
   Buffer        ON      N/A        50
   Appt          ON      30         50
   Nonverified   ON      180/180    50
   No Insurance  ON      180/180    20


  Patients Without Insurance
  Look at a patient's inactive insurance?  YES
  Attempt inquiry by most popular payers?  YES
                  How many payers to try?  10

  Most Popular Payers
   Last Saved:  05/06/2004@15:37:53
                                                          Nationally  Locally
    #  Payer Name                              National ID     Active?     Active?
    1. TUFTS                                   VA24            YES         YES
    2. AETNA1 US HEALTHCARE (PHASE III)        VA1             YES         YES

   A payer will be available for electronic identification only if it is
     both nationally and locally active.


          Enter ?? for more actions
GP  General Parameters    PW  Patients w/o Ins      EX  Exit Action
BE  Batch Extracts        MP  Most Popular Payers
Select Action: Quit//
```

Figure 1-4 IIV Site Parameters Screen with Batch HL7 Processing Method Parameters

User Input Field

SELECT ACTION: User selects which section of these parameters to view/edit. Users may select GP (General Parameters), PW (Patients w/o Insurance), BE (Batch Extracts), or MP (Most Popular Payers). Users may also select EX to exit the action.

General Parameters

Selecting the GP (General Parameters) action allows users to edit the IIV Site Parameters associated with the General Parameters sub-section. The interface is a standard user interface and typing "^" at any prompt will exit the interface and return the user to the previous screen reflecting any changes made. Typing "?" at any prompt will display the help information associated with the field. The possible General Parameters interface screens are displayed below. Please note that if the HL7 RESPONSE PROCESSING

(#350.9,51.13) field is Batch, the user must populate the HL7 START TIME (#350.9,51.14) and HL7 STOP TIME (#350.9,51.19) fields.

The following figure displays the Insurance Identification and Verification Site General Parameters user input screen with Batch HL7 processing mode selected.

```
General Parameters

FRESHNESS DAYS: 180//
DAILY MAILMAN MSG: YES//
DAILY MSG TIME: 0700//
MESSAGES MAILGROUP: IBCNE IIV HL7 PROBLEMS//
HL7 RESPONSE PROCESSING: Batch//
HL7 START TIME: 0700//
HL7 STOP TIME: 0900//
HL7 MAXIMUM NUMBER: 195//
CONTACT PERSON: SMITH,ALICE//
  OFFICE PHONE: 512-239-7444//
  EMAIL ADDRESS:  Alice.Smith@med.va.gov
FAILURE MAILMAN MSG: YES//
```

Figure 1-5 Editing General Parameters with Batch Processing Parameters

User Input Fields

FRESHNESS DAYS: Enter the number of days (#350.9,51.01) that determine how "fresh" the insurance verification must be before IIV seeks to electronically verify it again. This parameter value applies to the insurance buffer and the appointment extracts and represents how long to wait before IIV can attempt to reconfirm the same insurance for a patient. If the value is 10, this means that IIV can attempt to reconfirm insurance for a patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility.

The parameter value is a whole number in the range from 7 to 180, inclusive. FRESHNESS DAYS (#350.9,51.01) is displayed as "Days between electronic reverification checks" on screens E-3 and E-4, previously listed. Please be aware that the lower the freshness days value, the more often electronic insurance verifications are transmitted to the Eligibility Communicator. This value may need to be adjusted according to your business needs and how frequently users typically reconfirm patient insurance.

DAILY MAILMAN MSG: Set the DAILY MAILMAN MSG (#350.9,51.02) to YES to have IIV generate a daily IIV Statistical Report that will be sent to a user specified MailMan Message Group. Select NO to prevent the automatic generation and distribution of a daily IIV Statistical Report. The report contains information about the electronic IIV process, and is detailed in Section 6 – IIV Reports. This report is useful for monitoring the HL7 traffic being generated by the IIV application and the impact of its use on the Insurance Buffer, as well as, how to optimize the application to utilize all available IIV payers.

DAILY MSG TIME: Enter a time in military format between 0001 and 2400 (midnight). The time entry must be 4 characters in length. The daily IIV Statistical Report will be generated at this time and sent to the specified MailMan Message Group after completion. This field is only relevant if the DAILY MAILMAN MSG (#350.9,51.02) parameter is set to YES. This indicates when the report will be generated and sent via MailMan to the Messages Mail Group defined below. If this parameter is not defined, the daily IIV Statistical Report will not be generated regardless of the value of the DAILY MAILMAN MSG (#350.9,51.02) parameter.

MESSAGES MAILGROUP: Enter a MailMan Message Group where the mail messages will be sent. The daily Statistical Report (if active) and IIV error messages will be sent to this Mail Group. Enter "??" to

display a list of existing MailMan message groups. If this parameter is not defined, the daily IIV Statistical Report will not be generated regardless of the value of the DAILY MAILMAN MSG (#350.9,51.02) parameter. However, IIV error messages will be re-routed to the Postmaster if a Mail group is not identified.

HL7 RESPONSE PROCESSING: Select 'B'atch to process responses with the Batch method, alternatively, the user may select 'I'mmediate to process responses with the Immediate method. The Immediate method is addressed in Figure 1-6, Editing General Parameters with Immediate Processing Parameters. Batch method indicates that the HL7 messages are processed, stored up and sent to VistA by the Eligibility Communicator between the HL7 Start and Stop Times. Immediate method indicates that the HL7 messages are processed and sent to VistA by the Eligibility Communicator as they are received from the payer.

HL7 START TIME: Enter a time in military format between 0001 and 2400(midnight) to begin response processing. The time entry must be 4 characters in length. The HL7 START TIME (#350.9,51.14) must be defined, and the prompt will only be displayed, if the user has selected the Batch processing method. It is recommended that the range of processing times reflect a period of low CPU processing (i.e. when there is little activity).

HL7 STOP TIME: Enter a time in military format between 0001 and 2400(midnight) to terminate response processing. The time entry must be 4 characters in length. The HL7 STOP TIME (#350.9,51.19) must be defined and the prompt will only be displayed if the user has selected the Batch processing method. It is recommended that the range of processing times reflect a period of low CPU processing (i.e. when there is little activity).

HL7 MAXIMUM NUMBER: The HL7 MAXIMUM NUMBER (#350.9,51.15) specifies the maximum number of inquiries that may be created and sent during the HL7 process for eIIV. This feature is used to manage the amount of HL7 traffic flowing through the HL7 package. **To set this value properly, this value must be 20 or 25 higher than the sum of the Maximum Extract Number values for all active extracts.** If the HL7 Maximum Number is smaller than this sum a bottleneck will occur and will be reflected on the IIV Statistical report as "Queued Inquiries". Enter a number between 1 and 5000 or leave blank. ***The IRM should be consulted before one increases the value of this field, since it has a direct relationship to the amount of traffic within the HL7 module. If this value is left blank, there is no limit and all possible HL7 messages shall be created and transmitted.***

CONTACT PERSON: Enter a CONTACT PERSON (#350.9,51.16) to whom all communication issues should be directed by the Financial Services Center. It is highly recommended that the IRM be the designated CONTACT PERSON. Users may enter a new person name, initial, SSN, verify code, nickname, service/section, DEA#, VA#, or alias. This parameter is required.

OFFICE PHONE: Enter the business/office telephone number of the CONTACT PERSON (#350.9,51.16). This parameter is required.

EMAIL ADDRESS: Enter a valid Internet address to which an outside person or vendor can send correspondences. The address must be in xxx@domain format. Please note, for VistA MailMan addresses, the period replaces the comma in lastname.firstname syntax, the underscore replaces the space and the plus sign replaces the period following the middle initial (for example, smith.robert_b+@forum.va.gov for Robert B. Smith on Forum).

FAILURE MAILMAN MSG: A communication failure is when IIV is unable to electronically confirm the patient's insurance information due to a communications problem. Select YES, if a MailMan message should be generated and sent for each inquiry marked as a communication failure. Messages will be sent to the Mail Group specified by the user at the Messages Mail Group prompt. Selecting NO will prevent messages from being created when an inquiry is marked as a communication failure. If not defined, the MailMan messages will not be sent to the Messages Mail Group for each communication failure.

The following figure displays the IIV Site General Parameters user input screen with Immediate HL7 processing mode selected.

```
General Parameters

FRESHNESS DAYS: 180//
DAILY MAILMAN MSG: YES//
DAILY MSG TIME: 0700//
MESSAGES MAILGROUP: IBCNE IIV HL7 PROBLEMS//
HL7 RESPONSE PROCESSING: Batch// I  Immediate
HL7 MAXIMUM NUMBER: 195//
CONTACT PERSON: SMITH,ALICE//
  OFFICE PHONE: 512-239-7444//
  EMAIL ADDRESS: Alice.Smith@med.va.gov  Replace
FAILURE MAILMAN MSG: YES//
```

Figure 1-6 Editing General Parameters with Immediate Processing Method Parameters

If the user selects NO at the DAILY MAILMAN MSG (#350.9,51.02) input field they will not be prompted to enter a DAILY MSG TIME.

If the user selects Immediate at the HL7 RESPONSE PROCESSING (#350.9,51.13) input field they will not be prompted to enter an HL7 Start and Stop Time. The remaining prompts are identical to those identified above in Figure 1-5 Editing General Parameters with Batch Processing Parameters.

Batch Extract Parameters

Selecting the BE (BATCH EXTRACTS) action allows the user to edit the IIV Site Parameters associated with the BATCH EXTRACTS (#350.9,51.17) sub-section. The user must first select the extract type. Currently, there are four types of extracts: INSURANCE BUFFER, APPOINTMENT (PRE-REGISTRATION), NON-VERIFIED INSURANCE and NO ACTIVE INSURANCE. The interface is the typical user interface and typing "^" at any prompt will exit the interface and return the user to the previous screen reflecting any changes made. Typing "?" at any prompt will display the help information associated with the field. The possible Batch Extracts interface screens are displayed below. Please note that the prompts change depending upon the Extract Type selected.

The IIV batch extracts are:

1. INSURANCE BUFFER EXTRACT. This extract generates insurance inquiries based on the unverified entries in the insurance buffer. An unverified entry appears with a space or an exclamation mark (!) in the insurance buffer list screen's verified column. FRESHNESS DAYS (#350.9,51.01) are examined to determine the entry's eligibility. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) also allows the site to set a cap/ceiling for the number of records to extract.

2. PRE-REGISTRATION (APPOINTMENTS). This extract generates insurance inquiries based on appointments scheduled in the future. Patients must meet the eligibility criteria defined in the MAS Parameters. The appointment must be for a clinic that has not been designated as excluded in the MAS

Parameters. It also checks that the patient has not died in the interim and is not a current inpatient. FRESHNESS DAYS (#350.9,51.01) are examined to determine the entry's eligibility. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) also allows the site to set a cap/ceiling for the number of records to extract.

3. NON-VERIFIED INSURANCE. This extract generates insurance inquiries for patients who are veterans, who have been seen in the last X days and are not deceased. These patients must have active insurance that is designated as "reimbursable" and is not an HMO. In addition, the last service date inquired upon by IIV (if it exists) must be older than TODAY- Y days. X (SELECTION CRITERIA #1 (#350.9002,.03)) and Y (Selection Criteria #2 (#350.9002,.04)) are determined by the Batch Extract parameter that is set in the Insurance Verification Parameters. The Batch Extract parameter, MAXIMUM EXTRACT NUMBER (#350.9002,.05), also allows the site to set a cap/ceiling for the number of records to extract.

4. NO ACTIVE INSURANCE. This extract generates insurance inquiries for patients who are veterans, have been seen in the last X days and are not deceased. In addition, the last service date inquired upon by IIV (if it exists) must be older than TODAY – Y days. X (SELECTION CRITERIA #1 (#350.9002,.03)) and Y (Selection Criteria #2 (#350.9002,.04)) are determined by the Batch Extract parameters that are set in the Insurance Verification Parameters. Only patients who have either never had any insurance entered or only have expired insurance coverage are extracted. Please note, Medicare and Medicaid are excluded from this process. The Batch Extract parameter, MAXIMUM EXTRACT NUMBER (#350.9002,.05), also allows the site to set a cap/ceiling for the number of records to extract.

The following figure shows the Batch Extract Parameters for the Buffer Extract.

```
Batch Extract Parameters


     Select one of the following:

          1         Buffer
          2         Appt
          3         Nonverified
          4         No insurance

Batch extract parameters to edit: 1  Buffer
ACTIVE?: Active//
MAXIMUM EXTRACT NUMBER: 50//
```

Figure 1-7 Editing Batch Extract Parameters for the Insurance Buffer Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 1 to edit the Batch Extract Parameters for the Insurance Buffer Extract.

ACTIVE?: Selecting Active will process Insurance Buffer Extract during the Batch Extract process. Allowing the Insurance Buffer extract to process, will help maintain the day-to-day activity in the buffer. If this parameter is not Active, the Insurance Buffer extract will not run as part of the daily extract process. ***If any of the other three IIV extracts are Active, it is recommended that the insurance buffer extract is set to Active.***

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Insurance Buffer items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER

(#350.9002,.05) must be between 10 and 5000. ***If left blank, there is no limit and all possible HL7 messages shall be created.***

The following figure shows the Batch Extract Parameters for the Appointment Extract.

```
Batch Extract Parameters

     Select one of the following:

          1         Buffer
          2         Appt
          3         Nonverified
          4         No insurance

Batch extract parameters to edit: 2  Appt
ACTIVE?: Active//
SELECTION CRITERIA #1: 30//
MAXIMUM EXTRACT NUMBER: 50//
```

Figure 1-8 Editing Batch Extract Parameters for the Appointment (Pre-Registration) Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 2 to edit the Batch Extract Parameters for the Appointment Extract.

ACTIVE?: Select ACTIVE to process the Appointment Extract during the Batch Extract process. If this parameter is NOT ACTIVE, the Appointment Buffer extract will not run as part of the daily extract process.

SELECTION CRITERIA #1: Enter a number for SELECTION CRITERIA #1 (#350.9002,.03). Selection Criteria #1 specifies the maximum number of days in the future a patient can be scheduled for an appointment and be eligible for extraction. For example, if the value is 10, then a patient will be eligible for extract if their appointment is within 10 days of the extract date. The number must be between 7 and 180. User input is required for this field.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Appointment items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. ***If left blank, there is no limit and all possible HL7 messages shall be created.***

The following figure shows the Batch Extract Parameters for the Non-Verified Insurance Extract.

```
 Batch Extract Parameters


    Select one of the following:

          1         Buffer
          2         Appt
          3         Nonverified
          4         No insurance

Batch extract parameters to edit: 3  Nonverified
ACTIVE?: Active//
SELECTION CRITERIA #1: 180//
SELECTION CRITERIA #2: 180//
MAXIMUM EXTRACT NUMBER: 50//
```

Figure 1-9 Editing Batch Extract Parameters for the Non-Verified Insurance Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 3 to edit the Batch Extract Parameters for the Non-Verified Insurance Extract.

ACTIVE?: Select ACTIVE to process the Non-Verified Insurance Extract during the Batch Extract process. If this parameter is NOT ACTIVE, during the daily extract process, the Insurance Buffer extract will not run.

SELECTION CRITERIA #1: Enter the number of days for extraction. SELECTION CRITERIA #1 (#350.9002,.03) indicates how far in the past a patient must have been seen to be eligible for extract. For example, if the value is 10, then a patient will be eligible for extract if he/she was seen in the last 10 days. . The number must be between 7 and 180. User input is required for this field.

SELECTION CRITERIA #2: Enter the number of days for extraction. Type a Number between 7 and 180. User input is required for this field. The Selection Criteria #2 (#350.9002,.04) is similar to the FRESHNESS DAYS (#350.9,51.01) parameter as it represents how long to wait before IIV can attempt to re-identify the same insurance for a patient. For example, if the value is 10, IIV can attempt to re-identify insurance for the same patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Non-verified Insurance items that may be extracted during the daily batch extract run. MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. ***If left blank, there is no limit and all possible HL7 messages shall be created.***

```
Batch Extract Parameters


     Select one of the following:

          1         Buffer
          2         Appt
          3         Nonverified
          4         No insurance

Batch extract parameters to edit: 4  No insurance
ACTIVE?: Active//
SELECTION CRITERIA #1: 180//
SELECTION CRITERIA #2: 180//
```

```
MAXIMUM EXTRACT NUMBER: 20//
```

Figure 1-10 Editing Batch Extract Parameters for the No Insurance Extract User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 4 to edit the Batch Extract Parameters for the No Insurance Extract.

ACTIVE?: Select ACTIVE to process the No Insurance Extract during the Batch Extract process. If this parameter is NOT ACTIVE, the Insurance Buffer extract will not run as part of the daily extract process.

SELECTION CRITERIA #1: Enter the number of days for extraction. Type a Number between 7 and 180. User input is required for this field. The SELECTION CRITERIA #1 (#350.9002,.03) indicates how far in the past a patient must have been seen to be eligible for extract. For example, if the value is 10, then a patient will be eligible for extract if he/she was seen in the last 10 days.

SELECTION CRITERIA #2: Enter the number of days for extraction. The Selection Criteria #2 (#350.9002,.04) is similar to the FRESHNESS DAYS (#350.9,51.01) parameter in that it represents how long to wait before IIV can attempt to re-identify the same insurance for a patient. For example, if the value is 10, IIV can attempt to re-identify insurance for the same patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility. Type a Number between 7 and 180. User input is required for this field.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of No Insurance items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. ***If left blank, there is no limit and all possible HL7 messages shall be created.***

Patients Without Insurance Parameters

Selecting the PW (Patients Without Insurance Parameters) action allows the user to edit the IIV Site Parameters associated with the Patients Without Insurance Parameters sub-section. This sub-section controls the behavior of which inquiries should be created when the extract encounters a patient with no active insurance in VistA. It allows the site to specify whether or not it should query the payer for active policy information using the Expired Policy's Subscriber ID. An insurance company will not be available for electronic identification if the associated payer is not Nationally Active, or if it is not locally active. In addition, a site may elect to use the Most Popular Payer list to generate inquiries as a means for identifying unknown insurance.

The interface is the typical user interface and typing "^" at any prompt will exit the interface and return the user to the previous screen reflecting any changes made. Typing "?" at any prompt will display the help information associated with the field.

The Patients Without Insurance Parameters interface screen is displayed below.

```
Patients Without Insurance Parameters

INQUIRE INACTIVE INSURANCE: YES//
INQUIRE POPULAR PAYERS: YES//
NO. POPULAR PAYERS: 10//
```

Figure 1-11 Editing Patients Without Insurance Parameters

User Input Fields

INQUIRE INACTIVE INSURANCE: The INQUIRE INACTIVE INSURANCE field (#350.9,51.08) helps guide both the No Insurance data extract and Appointment data extract to attempt to request information for a patient's inactive insurance if no active insurance is found. Setting this to YES, allows the system to query payers associated with the patient's inactive insurance to determine if the patient's inactive policies have been reactivated. Setting this to NO, disables this option, thereby preventing the system from inquiring about the patient's expired insurance policies. Thus, HL7 traffic is minimized.

INQUIRE POPULAR PAYERS: The INQUIRE POPULAR PAYERS field (#350.9,51.09) guides both the No Insurance data extract and the Appointment data extract to attempt to request information for a patient, who has no previous insurance and/or no active insurance in VistA.. Setting this to YES allows the system to query payers found in the list of Most Popular Payers to determine if the patient has coverage through one of these payers. Setting this to NO, disables this option, thereby preventing the system from using the Most Popular Payer list to try and discover previously unknown insurance coverage thereby minimizing HL7 traffic.

NO. POPULAR PAYERS: Select a number of popular payers to query. Type a number between 1 and 10. This parameter is only applicable when the INQUIRE POPULAR PAYERS parameter is set to YES. This parameter allows users to limit the number of payers to query based on the compiled list and therefore minimize HL7 traffic, if desired. For example, if this is set to four and the 'Inquire Popular Payers' is set to YES, then a inquiry will be sent to the first four payers found in the Most Popular Payers list for each patient without active insurance on file that the No Insurance data extract and the Appointment extract encounter.

* When the field INQUIRE POPULAR PAYERS (#350.9,51.09) is set to YES, the value of the INQUIRE INACTIVE INSURANCE field (#350.9,51.08) and the NO. POPULAR PAYERS field (#350.9,51.1) determines which Most Popular Payers will be used to create queries. If INQUIRE INACTIVE INSURANCE field is set to NO and the field INQUIRE POPULAR PAYERS is set to YES, then if a patient has no active insurance and has inactive insurance for a payer that is on the Most Popular Payers list, that payer will not be used to create a query.

Most Popular Payers Parameters

As part of patch IB*2.0*271, the Most Popular Insurance functionality, accessed by the MP action of the IIV Site Parameters, has been modified and renamed to the Most Popular Payers functionality. Prior to this patch, the list of the Most Popular Insurance Companies was automatically compiled based on the number of authorized bills created. IB*2.0*271 has changed two aspects of the functionality. The file will now contain payers rather than insurance companies. In addition, each site will manually enter these payers. If your site has elected to use this functionality, please update the table with the payers that are most commonly used in your facility and who are nationally active for IIV.

Selecting the MP (Most Popular Payers) action allows the user to edit the IIV Site Parameters associated with the Most Popular Payers Parameters sub-section. The MP action allows users to access the Most Popular Payer List management screen.

Several payers require more specific information when asking for insurance coverage. This specific information cannot be provided when attempting to discover insurance. Therefore, the system will not allow these payers to be included in the Most Popular Payer list. This list does *not* screen out payers that are

not Locally Active or Nationally Active for IIV. Please note that a payer must be both Locally Active and Nationally Active to permit insurance inquiries to be transmitted for electronic identification. *(Designated users have the ability to define whether the payer is Locally Active or Locally Inactive. For information on how to adjust the Locally Active setting see "Payer Edit (Active/Inactive)" within Section 2 of this manual.)*

The interface is the typical user interface and typing "^" at any prompt will exit the interface and return the user to the previous screen. However, changes to the list will only be saved using the SA (Save Current List) action or being prompted to do so when quitting the screen when 'Unsaved Changes Exist'. Typing "?" at any prompt will display the help information associated with the field.

When displaying an existing list, the individual payer settings may have changed since the list was compiled and warnings may display indicating that the payer's current settings will not allow an insurance inquiry to be created for that payer.

The following figure shows the Most Popular Payers List management screen.

```
eIIV Most Popular Payers List May 06, 2004@12:29:13          Page:    1 of    1
Unsaved Changes Exist
                                                                    Nat.  Loc.
  #  Payer Name                                          National ID  Act?  Act?

  1. TUFTS                                               VA24         YES   YES
  2. AETNA1 US HEALTHCARE (PHASE III)                    VA1          YES   YES









          Enter ?? for more actions
AD  Add Entry             PR  Print Current List    SA  Save Current List
DE  Delete Entry          RO  Reorder Entry         EX  Exit Action
MO  Modify Entry          RS  Restore Saved List
Select Action:  Quit//
```

Figure 1-12 Editing the eIIV Most Popular Payers List

User Input Fields

SELECT ACTION: User selects which action to perform on the current list. Users may select AD (Add Entry), DE (Delete Entry), MO (Modify Entry), PR (Print Current List), RO (Reorder Entry), RS (Restore Saved List) or SA (Save Current List). Users may also select EX to exit the list management screen. If the list has been modified and not saved when the user exits the screen, the user will be prompted to save the unsaved changes.

Add Entry

Selecting AD (Add Entry) will allow the user to insert a new payer into the list at any position as long as the list has fewer than ten entries. When entry is inserted, the existing entries from the new position through the end of the list will be shifted down one position. The user will not be allowed to add a payer to the list, if the payer already exists in the list.

```
Select Action:  Quit// AD   Add Entry
Select Position (1-3): 3// 3
Enter Payer #2: ?
 Answer with PAYER PAYER NAME
 Do you want the entire PAYER List? Y  (Yes)
   Choose from:
```

```
   NATIONWIDE HEALTH PLANS             National: Active    Local: Active
   PRINCIPAL FINANCIAL GROUP           National: Active    Local: Active
   UNITED HEALTH CARE                  National: Active    Local: Active

Enter Payer #2:
```

Figure 1-13 Adding an entry to the eIIV Most Popular Payers List

User Input Fields

Select Position (1-N): Enter a valid position (number) from one through the number of payers in the current list plus one. If there are no current entries in the list, this prompt will be omitted as the only position available will be one.

Enter Payer #N: Enter a partial payer name to select the payer to add to the list. Entering '?' or '??' will display a list of available payers that may be selected by the user. Entering "^" at this prompt will return the user to the list management screen.

Delete Entry

Selecting DE (Delete Entry) will allow the user to delete an existing payer in the list at any position as long as the list has at least one entry. The entry will be deleted and existing entries from the old position through the end of the list will be shifted up one position.

```
Select Action:  Quit// DE   Delete Entry
Select Position (1-2): 2  AETNA1 US HEALTHCARE (PHASE III)
Please confirm deletion of this entry? NO// Y
```

Figure 1-14 Deleting an entry from the eIIV Most Popular Payers List

User Input Fields

Select Position (1-N): Enter a valid position (integer) from one through the number of payers in the current list. If there is only one entry in the list, this prompt will be omitted as the only position available will be one and the payer name will be displayed following the action description.

Please confirm deletion of this entry? NO//: Enter 'YES' to confirm that the entry may be deleted from the list or press Return, enter "^" or enter 'NO' to cancel the delete action.

Modify Entry

Selecting MO (Modify Entry) will allow the user to modify an existing payer in the list at any position as long as the list has at least one entry. The entry will be replaced by the payer selected by the user so long as the selected payer does not already exist in the list.

```
eIIV Most Popular Payers List Jun 02, 2004@16:27:16          Page:    1 of    1
 Unsaved Changes Exist
                                                                    Nat.  Loc.
  #  Payer Name                                          National ID  Act?  Act?

  1. TUFTS                                               VA24         YES   YES
  2. AETNA1 US HEALTHCARE (PHASE III)                    VA1          YES   YES



          Enter ?? for more actions
AD  Add Entry             PR  Print Current List    SA  Save Current List
DE  Delete Entry          RO  Reorder Entry         EX  Exit Action
MO  Modify Entry          RS  Restore Saved List
Select Action:  Quit// MO   Modify Entry
Select Position (1-2): 2  AETNA1 US HEALTHCARE (PHASE III)
Enter Payer #2: AETNA1 US HEALTHCARE (PHASE III)// UNITED HEALTH CARE
```

```
      National: Active    Local: Active
         ...OK? Yes//   (Yes)




eIIV Most Popular Payers List Jun 02, 2004@16:29:08          Page:    1 of    1
 Unsaved Changes Exist
                                                                    Nat.  Loc.
  #  Payer Name                                          National ID  Act?  Act?

  1. TUFTS                                               VA24         YES   YES
  2. UNITED HEALTH CARE                                  VA25         YES   YES



          Enter ?? for more actions
AD  Add Entry             PR  Print Current List    SA  Save Current List
DE  Delete Entry          RO  Reorder Entry         EX  Exit Action
MO  Modify Entry          RS  Restore Saved List
Select Action:  Quit//
```

Figure 1-15 Modifying an entry from the eIIV Most Popular Payers List

User Input Fields

Select Position (1-N): Enter a valid position (integer) from one through the number of payers in the current list. If there is only one entry in the list, this prompt will be omitted as the only position available will be one and the payer name will be displayed following the action description.

Enter Payer #N: Defaults to the payer name that currently exists in the selected position. Enter a partial payer name to select the payer that should be inserted into the list. Entering '?' or '??' will display a list of available payers that may be selected by the user. Entering "^" at this prompt will return the user to the list management screen.

Print Current List

Selecting PR (Print Current List) will allow the user to print the list of most popular payers to any device.

The following screen shows the output of this action when the device HOME is selected.

```
eIIV Most Popular Payers List May 06, 2004@15:09:08          Page:    1 of    1
 Unsaved Changes Exist
                                                                    Nat.  Loc.
  #  Payer Name                                          National ID  Act?  Act?

  1. TUFTS                                               VA24         YES   YES
  2. UNITED HEALTH CARE                                  VA25         YES   YES

Enter RETURN to continue or '^' to exit:
```

Figure 1-16 Print the current eIIV Most Popular Payers List

User Input Fields

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the current list to the user's terminal.

Reorder Entry

Selecting RO (Reorder Entry) will allow the user to reorder a payer from the list at any position to another position so long as the list has at least two entries. Moving the entry to a lower position shifts entries following the original position up one position except for those lower than the new position. Moving the

entry to a higher position shifts entries following the new position down one position except for those lower than the original position.

```
Select Action:  Quit// RO   Reorder Entry
Select Position (1-2): 2  TUFTS
Select New Position (1-2): 1
```

Figure 1-17 Reordering an entry from the eIIV Most Popular Payers List

User Input Fields

Select Position (1-N): Enter a valid position (integer) from one through the number of payers in the current list. There must be at least two entries in the list to perform this action. When a position is selected, the payer name will be displayed following the position.

Select New Position (1-N): Enter a valid position (integer) from one through the number of payers in the current list. If the position entered equals the original position, the user will be warned and the reorder action will be cancelled.

Restore Saved List

Selecting RS (Restore Saved List), if editing actions were performed, will allow the user to be prompted to verify that they wish to discard all changes.

```
Select Action:  Quit// rs   Restore Saved List
Please confirm restore of the last saved list? NO//
```

Figure 1-18 Restoring the last saved eIIV Most Popular Payers List

User Input Fields

Please confirm restore of the last saved list? NO//: Enter 'YES' to confirm that the last saved list will be restored discarding all recent edits or press Return, enter '^' or enter 'NO' to cancel the action.

Save Current List

Selecting SA (Save Current List), if editing actions were performed, will allow the user to be prompted to verify that they wish to save the current list.

```
Select Action:  Quit// SA   Save Current List
Please confirm save of the current list? NO// Y
```

Figure 1-19 Saving the current eIIV Most Popular Payers List

User Input Fields

Please confirm save of the current list? NO//: Enter 'YES' to confirm that the current list will be saved to the IB Site Parameters file or press Return, enter "^" or enter 'NO' to cancel the action.

SECTION 2 – PAYERS

Introduction – Why Link Payers

The contents of the VistA Payer file (#365.12) are automatically sent to each VistA system upon enrollment and registration with the AAC. It is designed to be a VA national file of insurance companies. It is non-editable at the facility level and the same data will exist in this file at all VistA locations.

When an inquiry is created to confirm a patient's insurance information using IIV, it is this payer in the Payer file (#365.12), not the Insurance Company name, that is transmitted. Therefore, in order for an insurance company to participate electronically with IIV, there must be a link between the specific Insurance Company and its associated Payer. In addition, the Payer must be locally active in order for it to be eligible for inclusion in the IIV processing.

It is recommended that the following steps be performed in the specified sequence when linking payers and enabling them for IIV:

Note: Some sites have found it easiest to follow these steps for one payer before moving onto the next payer. It cut down on a lot of confusion and frustration.

1. The link between entries in the Insurance Company file and their corresponding Payer must be created using either the Insurance Company Entry/Edit option or the Link Insurance Companies to Payers option.
2. The IIV Payer Link Report may be used to confirm that all appropriate linkages have been made between the insurance companies and the selected payer (refer to the IIV Reports section for more details).
3. The linked payer must then be enabled for IIV using the Payer Edit (Activate/Inactivate) option.

Please note: Each Insurance Company is examined individually when determining which Payer should be included in the IIV inquiry. For example, if a site has 60 active Aetna insurance companies, each of the 60 entries must be linked to payer Aetna in order for IIV to process all inquiries related to these insurance companies. IIV makes no assumptions regarding how insurance companies should be linked. You control this association entirely. It should also be noted that each insurance company might only be linked with one payer at any given time. However, there may be multiple insurance companies all linked to the same payer at any given time (as illustrated in the Aetna example).

Link Insurance Companies to Payers

The Link Insurance Companies to Payers option provides a tool for identifying active Insurance Companies with Professional and Institutional IDs that are not linked to a particular Payer. Professional and Institutional ID fields correspond respectively to the EDI ID NUMBER – PROF and EDI ID NUMBER – INST fields that can be updated/viewed from the Billing Parameters action of the Insurance Company screens. With the information provided in this option, the user will have the capability of determining a "good match" between Payers and these unlinked Insurance Companies for future update into the VistA database. One must have the IBCNE IIV SUPERVISOR security key to access this option.
The Link Insurance Companies to Payers option may be selected from the Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU].

As illustrated in the following screen, a list is generated of all Payers with Professional and Institutional IDs, associated with the number of Insurance Companies with matching IDs that have not been linked to any

payer "missing links." To view the details of these "missing links", the user may select a specific row number for viewing using the Expand Entry action.

```
                    Payer Maintenance

 This option will allow you to manage and maintain the entries
 in the Payer File for those Payers that were added to your system
 that are Nationally Active and who have potential missing links
 to active insurance companies.

 Potential missing links is defined as active insurance companies
 whose Professional and/or Institutional ID matches that of the
 Payer and whose pointer to the Payer Table is not populated.



    Compiling the list of applicable payers ...

Payer Maintenance            Jun 23, 2003@16:21:04          Page:    1 of    1
Payers with potential matches to active insurance companies.

    Payer Name                                 # Potential Matches
1   CERT PAYER                                 4
2   CERT PAYER 22                              3


          Enter ?? for more actions
EE Expand Entry                          X  Exit
Select Action: Quit//EE  Expand Entry
```

Figure 2-1 Review List of Payers with Possible Missing Links to Active Insurance Companies

User Input Fields

SELECT ACTION: Enter E to view a detailed listing or X to exit the option.

SELECT ENTRY TO EXPAND BY LINE #: (1-N): You may enter a row number corresponding to the Payers whose "missing links" you wish to examine.

The detailed display includes the Insurance Company Name and Address of all potential links. This list may be printed using the Print List option. Once the appropriate Insurance Company to Payer link has been identified, the link can be established by selecting the Link Payer option on the detailed display screen. This link may be edited or deleted by using the Payer action of the Insurance Company Entry/Edit option

In the following screen, the user has elected to view all potential matches for CERT PAYER.

```
Payer Maintenance            Jun 23, 2003@16:21:04          Page:    1 of    1
Payers with potential matches to active insurance companies.

    Payer Name                                 # Potential Matches
1   CERT PAYER                                 4
2   CERT PAYER 22                              3



          Enter ?? for more actions
EE Expand Entry                          X  Exit
Select Action: Quit// EE   Expand Entry

Select entry to Expand, by line #:  (1-2): 1


Payer Expand Screen          Jun 23, 2003@16:23:22          Page:    1 of    1
PAYER: CERT PAYER     Prof. EDI#:702  Inst. EDI#:270
```

```
Insurance Company Name - Active Only
    Insurance Company Name     Address                          Prof#   Inst#
1   JEFFERSON PILOT            P O BOX 26011  GREENSBORO,  NC          270
2   JEFFERSON PILOT            PO BOX 1628 (13)  AUGUSTA,  GA  702     200
3   JEFFERSON PILOT MED SELEC  P.O. BOX 1561  LAKE CITY,  FL           270
4   JEFFERSON PILOT            PO BOX 26066  GRENNSBORO,  NC   702     270


          Enter ?? for more actions
PL Print List                          X  Exit
LP Link Payer
Select Action: Quit//
```

Figure 2-2 Review Active Insurance Companies with Matching Professional and Institutional IDs

User Input Fields

SELECT ACTION: Enter PL to print the report, X to return to the previous screen, or LP to create the link between the already selected Payer and one of the insurance companies listed in the detailed display screen.

If LP is selected to create this payer link, then the following two additional user input fields are presented.

SELECT INSURANCE COMPANY ENTRY: (X-Y): Enter the row number corresponding to the insurance company entry that should be linked to the selected payer.

DO YOU WANT TO LINK THIS INSURANCE COMPANY TO THIS PAYER? YES//: Enter yes if the displayed payer and the displayed insurance company should be linked together. Enter no if they should not be linked.

The Link Payer option is accomplished in the following manner.

```
Payer Expand Screen           Jun 23, 2003@16:23:22          Page:    1 of    1
PAYER: CERT PAYER     Prof. EDI#:702  Inst. EDI#:270
Insurance Company Name - Active Only
    Insurance Company Name     Address                          Prof#   Inst#
1   JEFFERSON PILOT            P O BOX 26011  GREENSBORO,  NC          270
2   JEFFERSON PILOT            PO BOX 1628 (13)  AUGUSTA,  GA  702     200
3   JEFFERSON PILOT MED SELEC  P.O. BOX 1561  LAKE CITY,  FL           270
4   JEFFERSON PILOT            PO BOX 26066  GRENNSBORO,  NC   702     270



          Enter ?? for more actions
PL Print List                          X  Exit
LP Link Payer
Select Action: Quit// LP   Link Payer

Select Insurance Company Entry:  (1-4): 1

             Payer:  CERT PAYER
 Insurance Company:  JEFFERSON PILOT

 Do you want to link this insurance company to this payer? YES//

     They are now linked.  You may view/edit this relationship by using the
     Insurance Company Entry/Edit option.

Enter RETURN to continue or '^' to exit::
```

Figure 2-3 Using the Link Payer Option to Select an Insurance Company and Link It with the Payer

Once the link has been made between the Payer and a selected insurance company, that insurance company will be removed from the list of insurance companies with missing Payer file (#365.12) links. In addition, the number of missing links associated with the previously selected payer will be decreased by one.

View Insurance Company

To view an insurance company's associated payer the user may select "View Insurance Company" option from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU]. This option allows the user to view the associated payer in the Insurance Company Editor, but will not allow the user to designate the associated payer for the insurance company.

Figure 2-4 displays the View Insurance Company option selected from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU] with Cigna entered as the insurance company to be viewed.

```
Select Patient Insurance Menu Option: VI  View Insurance Company

Select INSURANCE COMPANY NAME: CIG
     1   CIGNA       PO BOX 629, HWY 64         BARNWELL     SOUTH CAROLINA
  Y
     2   CIGNA       P.O. BOX 9358          SHERMAN     TEXAS       Y
     3   CIGNA       PO BOX 10416         DES MOINES     IOWA       Y
     4   CIGNA       P.O. BOX 7100          WOODRIDGE     ILLINOIS       Y
     5   CIGNA       P.O. BOX 5052          VISALIA     CALIFORNIA       Y
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  CIGNA     PO BOX 629, HWY 64         BARNWELL     SOUTH CAROLINA
      Y.................
```

Figure 2-4 View Insurance Company Option on Patient Insurance Menu

The user may enter "^" at any prompt to exit the View Insurance option or to move to a previous input field. Entering "^" at the Insurance Company Name field will exit the View Insurance option.

The user may enter "?" at any user input prompt to receive help text referring to that prompt. Entering "??" at some user input prompts will display additional help text.

User Input Fields

Select INSURANCE COMPANY NAME: Enter an Insurance Company Name or the initial part of an Insurance Company Name to bring up a list of partial matching Insurance Company Names. Enter "??" to bring up a complete list of Insurance Company Names.

CHOOSE 1-N: If there are multiple insurance companies with the same name, the partial match has multiple results, or if "??" was entered, a list of Insurance Companies will be followed by a Choose 1-N input field. The user may select the number that corresponds to the insurance company they wish to edit, they may press <RETURN> to see additional choices, or they may hit "^" to return to the Select INSURANCE COMPANY NAME field.

The Insurance Company Editor is displayed after the user selects an insurance company:

```
Insurance Company Editor      Jul 10, 2002@12:05:57          Page:    1 of    7
Insurance Company Information for: CIGNA
Type of Company:                      Currently Active
+
                            Billing Parameters
  Signature Required?: NO
           Reimburse?: WILL REIMBURSE         Hosp. Provider No.:
    Mult. Bedsections:                         Primary Form Type:
     Diff. Rev. Codes:                             Billing Phone:
       One Opt. Visit: NO                      Verification Phone:
  Amb. Sur. Rev. Code:                       Precert Comp. Name:
  Rx Refill Rev. Code:                            Precert Phone: 800/662-2273\
    Filing Time Frame:                               Bin Number:
     Type Of Coverage:
 Electronic Transmit?: NO                        Electronic Type: GROUP POLICY
 Prof Electronic Billing ID:          Inst Electronic Billing ID:


                          Main Mailing Address
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
     Street 3:                                        Fax:


                       Inpatient Claims Office Information
  Company Name: CIGNA                              Street 3:
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
                                                      Fax:

                       Outpatient Claims Office Information
  Company Name: CIGNA                              Street 3:
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
                                                      Fax:


                     Prescription Claims Office Information
  Company Name: CIGNA                              Street 3:
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
                                                      Fax:

                            Appeals Office Information
  Company Name: CIGNA                              Street 3:
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
                                                      Fax:


                            Inquiry Office Information
  Company Name: CIGNA                              Street 3:
        Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
     Street 2:                                      Phone: 910-887-9200
                                                      Fax:

                            Provider ID Parameters
 Performing Provider ID Type: COMMERCIAL ID
                   ID Source: INSURANCE COMPANY DEFAULT
        Default If Not Found: DEFAULT TO ALTERNATE ID TYPE
           Alternate ID Type: FACILITY FED TAX ID #
         Alternate ID Source: FACILITY DEFAULT
            Care Unit Prompt:

 EMC ID             ID Source:
        Default If Not Found:
            Care Unit Prompt:

 Network ID         ID Source:
        Default If Not Found:
```

```
            Payer Information/Electronic Insurance Verification
        Payer Name: CIGNA
    VA National ID: 00001                    CMS National ID:

 Payer Application: eIIV
   National Active: YES                         Local Active: YES
  Auto-Accept Info: NO


  Remarks

  Synonyms
   ADAMS MILLIS



         Enter ?? for more actions                                          >>>
CC  Change Insurance Co.                EX  Exit
EX  Exit
Select Action: Quit//    QUIT
```

Figure 2-5 View Insurance Company Editor Screen

The user may view all of the information on the Insurance Company Edit option screen by scrolling up and down with the arrow keys. The user may also page up and down with the "page up" and "page down" keys if the system is configured to allow this action.

User Input Field

SELECT ACTION: Select CC to Change Insurance Company or select EX to Exit.

Insurance Company Entry/Edit

In those cases where IIV cannot automatically match insurance companies to the national payer list, the insurance staff must manually make the pairings. To associate payers and insurance companies, users utilize the "Insurance Company Entry/Edit" option. This option displays the data associated with the insurance company's associated payer. The only Insurance Verification Parameter field that may be edited by the user is the designation of the associated payer. See Figure 2-6 for the "Insurance Company Entry/Edit" option. This menu option is available from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU]. The updated Insurance Company Entry/Edit option now includes the Payer Information/Electronic Insurance Verification highlighted in the figure below. Selecting the PA Payer action from this screen, allows the user to designate the associated payer for the insurance company from the Payer file (#365.12).

Please note that the other parameters are only available for edit through the Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]. The Insurance Company Entry/Edit option may be available to users from additional menus.

The updated Insurance Company Entry/Edit option now includes the Payer Information/Electronic Insurance Verification highlighted in the next figure.

```
Select Patient Insurance Menu Option: EI  Insurance Company Entry/Edit

Select INSURANCE COMPANY NAME: CIG
     1   CIGNA       PO BOX 629, HWY 64         BARNWELL     SOUTH CAROLINA
  Y
     2   CIGNA       P.O. BOX 9358          SHERMAN     TEXAS       Y
     3   CIGNA       PO BOX 10416         DES MOINES     IOWA       Y
     4   CIGNA       P.O. BOX 7100          WOODRIDGE     ILLINOIS       Y
     5   CIGNA       P.O. BOX 5052          VISALIA     CALIFORNIA       Y
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  CIGNA     PO BOX 629, HWY 64         BARNWELL     SOUTH CAROLINA
```

Figure 2-6 Insurance Company Entry/Edit option in Patient Insurance Menu

The user may enter "^" at any prompt to exit the Insurance Company Entry/Edit option or to move to a previous input field. Entering "^" at the Insurance Company Name field will exit the Insurance Company Entry/Edit option.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

User Input Fields

SELECT INSURANCE COMPANY NAME: Enter an Insurance Company Name or the initial part of an Insurance Company Name to bring up a list of partial matching Insurance Company Names. Enter "??" to bring up a complete list of Insurance Company Names.

CHOOSE 1-N: If there are multiple insurance companies with the same name, the partial match has multiple results, or if "??" was entered a list of Insurance Companies will be followed by a Choose 1-N input field. The user may select the number that corresponds to the insurance company they wish to edit, they may press <RETURN> to see additional choices, or they may hit "^" to return to the Select INSURANCE COMPANY NAME field.

Figure 2-7 displays the Insurance Company Editor, which is displayed after the user selects an insurance company. Please note, in this example the payer has not yet been assigned.

```
Insurance Company Editor      Jul 08, 2002@17:36:58          Page:    1 of    7
Insurance Company Information for: CIGNA
Type of Company:                      Currently Active

                           Billing Parameters
  Signature Required?: NO
           Reimburse?: WILL REIMBURSE         Hosp. Provider No.:
    Mult. Bedsections:                         Primary Form Type:
     Diff. Rev. Codes:                             Billing Phone:
       One Opt. Visit: NO                      Verification Phone:
  Amb. Sur. Rev. Code:                         Precert Comp. Name:
  Rx Refill Rev. Code:                              Precert Phone: 800/662-2273\
    Filing Time Frame:                                 Bin Number:
     Type Of Coverage:
 Electronic Transmit?: NO                        Electronic Type: GROUP POLICY
 Prof Electronic Billing ID:          Inst Electronic Billing ID:


                          Main Mailing Address
       Street: PO BOX 629, HWY 64             City/State: BARNWELL, SC 29812
      Street 2:                                     Phone: 910-887-9200
      Street 3:                                       Fax:
```

```
                    Inpatient Claims Office Information
  Company Name: CIGNA                           Street 3:
        Street: PO BOX 629, HWY 64          City/State: BARNWELL, SC 29812
     Street 2:                                    Phone: 910-887-9200
                                                    Fax:

                    Outpatient Claims Office Information
  Company Name: CIGNA                           Street 3:
        Street: PO BOX 629, HWY 64          City/State: BARNWELL, SC 29812
     Street 2:                                    Phone: 910-887-9200
                                                    Fax:


                   Prescription Claims Office Information
  Company Name: CIGNA                           Street 3:
        Street: PO BOX 629, HWY 64          City/State: BARNWELL, SC 29812
     Street 2:                                    Phone: 910-887-9200
                                                    Fax:

                          Appeals Office Information
  Company Name: CIGNA                           Street 3:
        Street: PO BOX 629, HWY 64          City/State: BARNWELL, SC 29812
     Street 2:                                    Phone: 910-887-9200
                                                    Fax:


                          Inquiry Office Information
  Company Name: CIGNA                           Street 3:
        Street: PO BOX 629, HWY 64          City/State: BARNWELL, SC 29812
     Street 2:                                    Phone: 910-887-9200
                                                    Fax:

                          Provider ID Parameters
 Performing Provider ID Type: COMMERCIAL ID
                  ID Source: INSURANCE COMPANY DEFAULT
        Default If Not Found: DEFAULT TO ALTERNATE ID TYPE
           Alternate ID Type: FACILITY FED TAX ID #
         Alternate ID Source: FACILITY DEFAULT
            Care Unit Prompt:

 EMC ID             ID Source:
        Default If Not Found:
            Care Unit Prompt:

 Network ID         ID Source:
        Default If Not Found:


             Payer Information/Electronic Insurance Verification
         Payer Name:
     VA National ID:                      CMS National ID:

AO  Appeals Office    EA  Edit All
       Payer Application data is not defined!


  Remarks

  Synonyms


          Enter ?? for more actions                                          >>>
BP  Billing Parameters     IO  Inquiry Office         AI  (In)Activate Company
MM  Main Mailing Address   ID  Provider ID Params     CC  Change Insurance Co.
IC  Inpt Claims Office     PA  Payer                  DC  Delete Company
OC  Opt Claims Office      RE  Remarks                PL  Plans
PC  Prescr Claims Of       SY  Synonyms               EX  Exit
AO  Appeals Office         EA  Edit All
Select Action: Quit//    QUIT
```

Figure 2-7 Insurance Company Edit Option

The user may view all of the information on the Insurance Company Edit option screen by scrolling up and down with the arrow keys or by paging up and down with the "page up" and "page down" keys.

Figure 2-8 displays the selection of the Payer action from the Insurance Company Editor and the assignment of a payer.

```
                          Billing Parameters
  Signature Required?: NO
           Reimburse?: WILL REIMBURSE         Hosp. Provider No.:
     Mult. Bedsections:                        Primary Form Type:
      Diff. Rev. Codes:                            Billing Phone:
        One Opt. Visit: NO                      Verification Phone:
  Amb. Sur. Rev. Code:                          Precert Comp. Name:
  Rx Refill Rev. Code:                               Precert Phone: 800/662-2273\
    Filing Time Frame:                                  Bin Number:
     Type Of Coverage:
 Electronic Transmit?: NO                          Electronic Type: GROUP POLICY
 Prof Electronic Billing ID:          Inst Electronic Billing ID:
+         Enter ?? for more actions                                             >>>
BP  Billing Parameters    IO  Inquiry Office        AI  (In)Activate Company
MM  Main Mailing Address  ID  Provider ID Params    CC  Change Insurance Co.
IC  Inpt Claims Office    PA  Payer                 DC  Delete Company
OC  Opt Claims Office     RE  Remarks               PL  Plans
PC  Prescr Claims Of      SY  Synonyms              EX  Exit
AO  Appeals Office        EA  Edit All
Select Action: Next Screen// PA   Payer


PAYER: // CIGNA


Insurance Company Editor      Jul 08, 2002@17:36:58          Page:    6 of    7
Insurance Company Information for: CIGNA
Type of Company:                      Currently Active
+
              Payer Information/Electronic Insurance Verification
         Payer Name: CIGNA
     VA National ID: 00001                          CMS National ID: 123

 Payer Application: IIV                           Auto-Accept Info: NO
   National Active: YES                         Ident Req Subscr ID: NO
      Local Active: YES                            SSN = Subscr ID: NO
       Deactivated: NO                                Transmit SSN: YES


  Remarks

  Synonyms
   ADAMS MILLIS



          Enter ?? for more actions                                            >>>
BP  Billing Parameters    IO  Inquiry Office        AI  (In)Activate Company
MM  Main Mailing Address  ID  Provider ID Params    CC  Change Insurance Co.
IC  Inpt Claims Office    PA  Payer                 DC  Delete Company
OC  Opt Claims Office     RE  Remarks               PL  Plans
PC  Prescr Claims Of      SY  Synonyms              EX  Exit
AO  Appeals Office        EA  Edit All
Select Action: Quit//    QUIT
```

Figure 2-8 Insurance Company Edit Screen Selected PA Payer Action

User Input Field

SELECT ACTION: Select PA to enter/edit Payer information for the selected insurance company.

Payer Edit (Activate/Inactivate)

Every Insurance Company in VistA may be linked to a single Payer. For example, there may be several Blue Cross/Blue Shield (BC/BS) insurance companies with distinct demographic information, but they may all be linked to the same payer, Blue Cross/Blue Shield. Changes to the payer information for Blue Cross/Blue Shield will affect how all related BC/BS insurance company inquiries are electronically transmitted.

To edit the payer information users must use the Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]. The Payer Edit [IBCNE PAYER EDIT] option is restricted to users with an "IBCNE IIV Supervisor" security key.

Using the Payer Edit (Activate/Inactivate) [IBCNE PAYER MAINTENANCE MENU] option, users can select the IIV application and activate/inactivate the electronic verification capability for a particular Payer for that VistA site. The prompt that controls whether or not to activate the payer for that VistA site is "local active?" There is no edit capability for the remaining fields that are displayed. VistA updates these remaining fields in the background in response to information entered at the IIV web site by other users and transmitted from Austin to the VistA sites.

A user will use this option to turn a payer on locally if they want to allow the IIV software to electronically transmit insurance inquiries from VistA to the payers. * Note: In order for the IIV software to transmit electronic insurance inquiries to the selected payer, the payer must be both locally and nationally active.

To edit the Payer information, select the Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU].

The following figure shows a user locally activating a Payer for IIV.

```
                                Payer Edit (Activate/Inactivate)

 This option allows you to view the data in the Payer file for a particular
 Payer.  You may only edit local flags.  Most of the fields in the Payer file
 are not editable.  This data comes into VistA electronically.  If an
 application has been deactivated, the local flag cannot be edited.

             Payer Name: CIGNA
          VA National ID: 00001
         CMS National ID:
Inst Electronic Bill ID:
Prof Electronic Bill ID:
      Date/Time Created:


                Payer Application: IIV// <Enter>
                Payer Application: IIV
                  National Active: Active
        Id Requires Subscriber ID: YES
        Use SSN for Subscriber ID: YES
              Future Service Days: 7
                Past Service Days: 365
                     Transmit SSN: YES
                     Local Active: Not Active// ACTIVE  Active



   Payer Name::
```

Figure 2-9 Payer Edit (Activate/Inactivate) Menu Example

Users may enter "^" at any prompt to exit the Payer Edit (Activate/Inactivate) [IBCNE PAYER MAINTENANCE MENU] or to move to a previous input field. Entering "^" at the Payer Name field will exit the Payer Edit (Activate/Inactivate) [IBCNE PAYER MAINTENANCE MENU] option. Entering "^" at any other prompt will return the user to the Payer Name input field.

Users may enter "?" at any user input prompt to receive help text referring to that prompt. Entering "??" at some user input prompts will display additional help text.

User Input Fields

PAYER NAME: Enter a Payer Name to edit. Enter "??" for a list of all payers.

PAYER APPLICATION: Select IIV to select the Insurance Identification and Verification Application. Press the <Enter> key to accept the default value that is displayed to the user.

LOCAL ACTIVE: Select Active to permit VistA to make electronic patient insurance inquiries to the selected Payer. Select Not Active to prevent VistA from making electronic patient insurance inquiries to the selected Payer.

SECTION 3 – INSURANCE BUFFER

Introduction

IIV enhanced the insurance buffer listing display and added new functionality to this option. This screen lists all Insurance plans and policies in the Insurance Buffer that have not yet been processed (accepted or rejected).

Insurance Buffer Listing

Access the Insurance Buffer List by selecting Process Insurance Buffer option from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU]. Figure 3-1 displays the Insurance Buffer List.

```
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
_____________________________________________________________________________
1   !IBPATIENT1,ONE      0001  UNITED HEALTH CAR  000000001   PreR  01/01/01
2   *IBPATIENT2,TWO      0002  CHAMPVA            000000002   PreR  01/01/00
3   -IBPATIENT3,THREE    0003  CIGNA              000000003   eIIV  01/01/00  i   H
4    IBPATIENT4,FOUR     0004  BLUE CROSS OF CAR  000000004   PreR  01/01/00  i



         Enter ?? for more actions
Process Entries       EE  Expand Entries     Check Co. Names       X  Exit
Reject Entries        Add Entry          Sort List
Select Action: Next Screen//
```

Figure 3-1 An Example of the Main Screen for the Insurance Buffer

The user may view all of the entries on the Buffer File screen by scrolling up and down with the arrow keys. This guide refers to different parts of the Main Screen of the Insurance Buffer. Figure 3-2 can be used to help identify what areas of the screen this document is referencing.

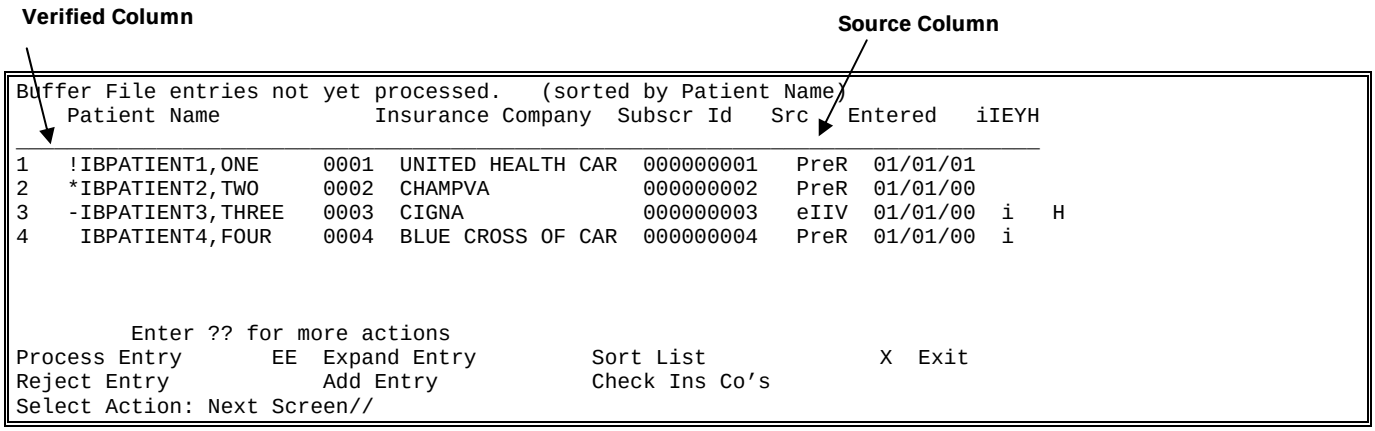


Figure 3-2 Main Screen of the Insurance Buffer with Guidelines

eIIV as a Source

In the Insurance Buffer Listing, the source name "eIIV" denotes an entry created by IIV.

Verified Column

The verified column appears in the character position immediately before each patient name. The values that may appear in that column and their meanings are detailed in the following table.

Below is a chart of the IIV Status indicators that may be displayed in the Verified column of the Insurance Buffer screen.

Flag	The Flag Indicates the Following
+	The IIV payer indicated that this is an active policy via electronic inquiry/response.
-	The IIV payer indicated that this is NOT an active policy via electronic inquiry/response.
#	This IIV Status can mean one of two things. 1) IIV received an electronic response from the Payer, but was not able to determine whether or not the Payer is indicating active coverage. Manual confirmation of this insurance information is required. If present, review the associated IIV Response Report carefully, specifically focusing on the Eligibility/Benefits section. 2) IIV received an electronic response; however, the response indicated some type of error occurred. Manual confirmation of this insurance information is required. The user may find the reason for the failure at the bottom of the Expand Entry listing. In addition, if the IIV Response Report is present, the user should review this report carefully for possible additional information.
?	IIV inquiry was sent; awaiting reply from Payer.
!	IIV was unable to send an electronic inquiry for this insurance information. User correction may be required to allow IIV to send this inquiry.
*	An "*" in the verified column is Not an IIV related Status.

Figure 3-3 IIV Status Indicator Symbols

See Appendix G for a detailed list of error messages associated with verified column symbols.

Sort by IIV Status

The insurance buffer is sorted by the Patient's name as the default. A user may select to re-sort the list of buffer entries by selecting the action "Sort List". This is not a new functionality. However, IIV does introduce the capability of sorting the list by the IIV Status found in the verified column. Do not confuse this with sorting by the Verified date.

When the insurance buffer listing is sorted by the IIV Status that is found in the verified column (symbol), the entries appear first by the IIV status and then by the patient name. The order in which the IIV status appears is as follows: the status to appear at the top of the list is the status that the user selects, the remaining statuses will then follow the order of + then -,#,?, !, blank entries, and last the manually verified entries with a *. Sorting by IIV Status allows users to quickly identify and process the negative (-) responses before proceeding to process the positive (+) responses.

To sort by IIV Status, first select the action "Sort List" from the main Insurance Buffer screen, then select "IIV STATUS".

```
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
_____________________________________________________________________________
1   !IBPATIENT1,ONE     0001  UNITED HEALTH CAR  000000001   PreR  01/01/01
2   *IBPATIENT2,TWO     0002  CHAMPVA            000000002   PreR  01/01/00
3   -IBPATIENT3,THREE   0003  CIGNA              000000003   eIIV  01/01/00  i   H
4    IBPATIENT4,FOUR    0004  BLUE CROSS OF CAR  000000004   PreR  01/01/00  i



         Enter ?? for more actions
Process Entry       EE  Expand Entry         Sort List             X  Exit
Reject Entry            Add Entry           Check Ins Co's
Select Action: Next Screen// S   Sort List

Select the item to sort the buffer records on the buffer list screen.

     Select one of the following:

          1         Patient Name
          2         Insurance Company
          3         Source of Information
          4         Date Entered
          5         Inpatients
          6         Means Test
          7         On Hold
          8         Verified
          9         IIV Status

Sort the list by: Patient Name// 9  IIV Status

     Select one of the following:

          1         +  Response Received, Active Policy
          2         -  Response Received, Inactive Policy
          3         #  Response Received, Ambiguous Answer
          4         !  Problem Identified
          5            No Problems Identified, Awaiting Electronic Processing
          6         ?  Inquiry Sent, Awaiting Response
          Which IIV Status do you want to appear first?: 1//
```

Figure 3-4 Sorting Buffer by IIV Status

Expand Entry

To view more information about an insurance buffer entry, select the Expand Entry action. For the most part, this option still behaves like it always has. There is an enhancement with this action that allows a user to select multiple entries at once for expansion, which is described later in this section.

The expand entry can be used to view IIV details relating to an insurance buffer entry. This is a tool that can be used to resolve problems that IIV has encountered with buffer entries. As mentioned earlier, if the IIV process has encountered a problem with a buffer entry the Verified Column will contain either a "!" or a "#" symbol. Please note, a "!" means that the problem encountered prevented IIV from asking the payer about this policy. A "#" indicates that the information was transmitted and a response was received.

eIIV Processed Date

An entry that has received a positive or negative or undetermined acknowledgement via eIIV will be marked with the eIIV Processed Date IIV PROCESSED DATE (#355.33,.15).

This section continues with examples of the various conditions that lead to IIV marking buffer entries with the exclamation mark.

The following screen displays the Insurance Buffer List after selecting the Process Insurance Buffer option.

```
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
_____________________________________________________________________________
1   !IBPATIENT1,ONE     0001  UNITED HEALTH CAR  000000001   PreR  01/01/01
2   !IBPATIENT2,TWO     0002  CHAMPVA            000000002   PreR  01/01/00
3   !IBPATIENT3,THREE   0003  CIGNA              000000003   PreR  01/01/00  i   H
4   !IBPATIENT4,FOUR    0004  BLUE CROSS OF CAR  000000004   PreR  01/01/00  i



         Enter ?? for more actions
Process Entries       EE  Expand Entries     Check Co. Names       X  Exit
Reject Entries        Add Entry          Sort List
Select Action: Next Screen// EE   Expand Entries
Select Buffer Entries:  (1-4): 1
```

Figure 3-5 Select Expand Entry to View "!" Buffer Entry Details

The user may view all of the entries on the Buffer File screen by scrolling up and down with the arrow keys or by paging up and down with the "page up" and "page down" keys.

User Input Fields

SELECT ACTION: Select EE Expand Entries to select an individual entry and view the error message associated with the "!", the IIV Status Indicator symbol.

SELECT BUFFER ENTRIES: Enter a number corresponding to a "!" entry to expand the entry and view the error message.

The following screen displays a selected Insurance Buffer Entry with a "!" symbol indicating the insurance company associated with the patient has an insurance synonym which is linked to two different companies.

```
Insurance Buffer Entry        Nov 20, 2002@17:08:43          Page:    1 of    3
IBPATIENT5,FIVE                   000-00-0005    DOB: XXX XX,1951    AGE: 51
          Buffer entry created on 10/23/02 by INTERFACE,IB IIV (eIIV)



                        Insurance Company Information
   Name: UNIVERSITY HOSPITAL                Reimburse?:
  Phone:                                 Billing Phone: 800-222-2250
                                         Precert Phone: 1-800-222-2265
 Address:

                           Group/Plan Information
  Group Plan?:                                 Require UR:
   Group Name: Group 1                      Require Amb Cert:
 Group Number: 001                          Require Pre-Cert:
 Type of Plan:                              Exclude Pre-Cond:
                                         Benefits Assignable:

Whose Insurance: VETERAN                        Effective: 12/20/99
  Insured's Name: IBPATIENT5,FIVE               Expiration:
```

```
   Subscriber Id: 000000005                Primary Provider:
    Relationship: PATIENT                    Provider Phone:
   Insured's DOB: 01/01/51                Coord of Benefits: PRIMARY

 Employer Sponsored Group Health Plan?:




                         Buffer Entry Information
    Date Entered: 10/23/02@11:39              Date Verified:
      Entered By: INTERFACE,IB IIV              Verified By:
    eIIV Trace #:                         eIIV Processed Date:
          Source: eIIV
  Current Status: Problem Identified


  Insurance company name UNIVERSITY HOSPITAL in the Insurance Buffer
  matched more than one insurance company name in the Synonym
  cross-reference of the Insurance Company file: AETNA HEALTH PLANS,
  GROUP RESOURCES,INC..

  IIV could not create an inquiry for this entry.  IIV matched the
  insurance company name in the Insurance Buffer file (#355.33) to more than one
  uniquely named insurance company in the Insurance Company file (#36).  This
  indicates that the Auto Match check or the Synonym check yielded multiple
  insurance companies from the Insurance Company file.

    Action to take:  Correct the spelling of the insurance company name found
  in the buffer so that it matches one found in the Insurance Company file (#36).
  Otherwise, contact the insurance company to manually verify this insurance
  information.  (* Advanced users: Use the option "Enter/Edit Auto Match
  Entries" to check the entries in the Auto Match file.  Make sure there is
  no more than one entry in the Auto Match file, if any, which corresponds
  to the insurance company name found in this buffer
  entry.)


           Enter ?? for more actions
    Insurance Co Edit         Verify Entry          X   Exit
    All Edit                  Patient Policy Edit
    Group/Plan Edit           Response Report
Select Action: Quit//
```

Figure 3-6 More than One Synonym Match for the Insurance Company Name

The following screen displays a selected Insurance Buffer Entry with a "!" symbol indicating the insurance company associated with this patient is linked to a payer that is not locally active.

```
Insurance Buffer Entry        Nov 20, 2002@16:38:52          Page:    1 of    3
IBPATIENT6,SIX                 000-00-0006    DOB: XXX XX,1924    AGE: 78
             Buffer entry created on 07/01/02 by DOE,JOHN (eIIV)
              Buffer entry verified on 07/12/02 by INTERFACE,IB IIV


                         Insurance Company Information
    Name: HUMANA EMPLOYERS HEALTH            Reimburse?:
   Phone:                                  Billing Phone: 800-206-9215
                                           Precert Phone: 800-777-3240
 Address:

                            Group/Plan Information
   Group Plan?:                                      Require UR:
    Group Name: BANK OF AMERICA                   Require Amb Cert:
  Group Number: 721040                            Require Pre-Cert:
  Type of Plan:                                   Exclude Pre-Cond:
                                                Benefits Assignable:

                         Policy/Subscriber Information
Whose Insurance: VETERAN                           Effective: 01/01/96
```

```
  Insured's Name: IBPATIENT6,SIX                 Expiration:
   Subscriber Id: 000000006                Primary Provider:
    Relationship: PATIENT                    Provider Phone:
   Insured's DOB: 01/01/24                Coord of Benefits: SECONDARY
   Insured's SSN: 000000006

 Employer Sponsored Group Health Plan?:

                          Buffer Entry Information
    Date Entered: 7/1/02@13:35                Date Verified:
      Entered By: DOE,JOHN                      Verified By:
    eIIV Trace #:                      eIIV Processed Date: 7/12/02@12:57:12
          Source: eIIV
  Current Status: Problem Identified


  Insurance company HUMANA EMPLOYERS HEALTH is linked to National ID
  00041 which doesn't have an active local connection.

  IIV could not create an inquiry for this entry.  The payer is not locally
  active for IIV.

  Action to take:  Either use the option "Payer Edit (Activate/Inactivate)"
  to locally activate this payer or contact the insurance company to
  manually verify this insurance information.




          Enter ?? for more actions
    Insurance Co Edit         Verify Entry          X   Exit
    All Edit                  Patient Policy Edit
    Group/Plan Edit           Response Report
Select Action: Quit//
```

Figure 3-7 The Insurance Company is not Turned On for Electronic Verification

The following screen displays a selected Insurance Buffer Entry with a "!" verified symbol in the Current Status field indicating the insurance company associated with the patient does not have a national connection or its national connection is turned off.

```
Insurance Buffer Entry        Nov 20, 2002@15:46:39          Page:    1 of    3
IBPATIENT7,SEVEN                        000-00-0007    DOB: XXX XX,1959    AGE: 42
           Buffer entry created on 10/18/02 by INTERFACE,IB IIV (eIIV)



                          Insurance Company Information
    Name: CIGNA                               Reimburse?:
   Phone:                                  Billing Phone:
                                           Precert Phone: 800/662-2273\
 Address:

                             Group/Plan Information
   Group Plan?:                                    Require UR:
    Group Name: GROUP 7                         Require Amb Cert:
 Group Number: 0007                             Require Pre-Cert:
 Type of Plan:                                  Exclude Pre-Cond:
                                             Benefits Assignable:

                          Policy/Subscriber Information
 Whose Insurance: VETERAN                          Effective:
  Insured's Name: IBPATIENT7,SEVEN                     Expiration:
   Subscriber Id: SUBID                       Primary Provider:
    Relationship: PATIENT                       Provider Phone:
                                             Coord of Benefits:

 Employer Sponsored Group Health Plan?:

                          Buffer Entry Information
    Date Entered: 10/18/02@15:58                Date Verified:
```

```
      Entered By: INTERFACE,IB IIV              Verified By:
    eIIV Trace #:                         eIIV Processed Date:
          Source: eIIV
  Current Status: Problem Identified


  Insurance company CIGNA is linked to National ID 00001 which doesn't
  have an active national connection.


  IIV could not create an inquiry for this entry.  The payer is not
  nationally active for IIV.

  Action to take:  Contact the insurance company to manually verify this
  insurance information.


          Enter ?? for more actions
    Insurance Co Edit         Verify Entry          X   Exit
    All Edit                  Patient Policy Edit
    Group/Plan Edit           Response Report
Select Action: Quit//
```

Figure 3-8 Insurance Company does Not Have a National Connection

The following screen displays a selected Insurance Buffer Entry with a "!" symbol in the Current Status field indicating the insurance company associated with this patient has no national ID.

```
Insurance Buffer Entry        Nov 20, 2002@16:25:15          Page:    1 of    3
IBPATIENT8,EIGHT                       000-00-0008    DOB: XXX XX,1950    AGE: 52
           Buffer entry created on 10/16/02 by INTERFACE,IB IIV (eIIV)



                         Insurance Company Information
    Name: MAIL HANDLERS                      Reimburse?:
   Phone:                                Billing Phone: 1-800/917-3377
                                         Precert Phone: 1-800/342-8109
 Address:

                            Group/Plan Information
   Group Plan?:                                    Require UR:
    Group Name: GROUP 8                Require Amb Cert:
  Group Number: 0008                        Require Pre-Cert:
  Type of Plan:                               Exclude Pre-Cond:
                                         Benefits Assignable:

                         Policy/Subscriber Information
Whose Insurance: SPOUSE                            Effective: 01/01/95
  Insured's Name: IBPATIENT8,EIGHT                Expiration:
   Subscriber Id: 000000008                  Primary Provider:
    Relationship: SPOUSE                       Provider Phone:
   Insured's DOB:                           Coord of Benefits: PRIMARY
   Insured's SSN:

 Employer Sponsored Group Health Plan?:

                         Buffer Entry Information
    Date Entered: 10/16/02@11:43               Date Verified:
      Entered By: INTERFACE,IB IIV               Verified By:
    eIIV Trace #:                         eIIV Processed Date:
          Source: eIIV
  Current Status: Problem Identified

  Insurance company MAIL HANDLERS is not linked to a National ID.

  IIV could not create an inquiry for this entry.  There is no link for this
  insurance company between the Insurance Company file (#36) and the Payer file (#365.12).
  This may occur because the insurance staff did not attempt to manually
  link the named insurance company to the payer list or the insurance staff
  did not find a payer in the payer list that they wanted to link this
  insurance company to.
```

```
  Action to take:  Either contact the insurance company to manually verify
  this insurance information or link the insurance company to a payer.
  Steps to link an insurance company to a payer are as follows: run the
  "IIV Payer Link Report" option by Insurance Company List, for all
  unlinked insurance companies.  Use the keyword feature when running the
  report to narrow down the search.  This will provide a report showing
  which insurance companies are not linked to a payer.  Next, use the
  "Insurance Company Entry/Edit" option to link those insurance companies
  to the correct payer.



+         Enter ?? for more actions
    Insurance Co Edit         Verify Entry          X   Exit
    All Edit                  Patient Policy Edit
    Group/Plan Edit           Response Report
Select Action: Quit//
```

Figure 3-9 Insurance Company does not have a VA National ID

Select Multiple Buffer Entries

A user may now select multiple insurance buffer entries at once when performing one of the following actions: Process Entry, Expand Entry, and Reject Entry.

Insurance identification and verification responses that are received electronically from the payers are posted back into the insurance buffer. The users must then go through the process of verifying and accepting or rejecting the insurance information received in the responses.

The user enters the code for any of the three actions: Process Entries, Expand Entries, and Reject Entries. The user is then prompted for the number of an entry or entries. VistA locks the selected entry or entries without the user's knowledge. Locking the entry prevents other users from editing the selected entries at the same time. After the user completes work on an entry, VistA automatically removes its lock.

Below is a screen print of a user rejecting multiple buffer entries. The actions Process Entry and Expand Entry utilize the same steps as Reject Entry when selecting multiple buffer entries; therefore, there are no screen prints included in this guide showing a user selecting multiple entries for these actions.

The following screen shows the main Insurance Buffer screen and the user electing to reject multiple buffer entries.

```
Insurance Buffer List         Oct 29, 2002@15:16:12          Page:    8 of   18
Buffer File entries not yet processed.   (sorted by Patient Name)
+   Patient Name            Insurance Company  Subscr Id   Src   Entered   Iieyh

120 !IBPATIENT20,ON  0001  VALUE OPTIONS/RAI  000-00-001  eIIV  10/16/02  i
121 ?IBPATIENT20,ON  0011  AETNA LIFE AND CA  000000011-  eIIV  10/16/02  i
122 !IBPATIENT9,NIN  0009  BLUE CROSS OF SOU  000000009   eIIV  10/16/02  i
123 !IBPATIENT10,TE  0101  AARP               00000010-1  eIIV  10/16/02
124 !IBPATIENT11,EL  0011  BLUE CROSS OF SOU  000000011   eIIV  10/16/02  i
125 !IBPATIENT21,ON  0021  AETNA LIFE INSURA  000-00-021  eIIV  10/16/02  i
126 !IBPATIENT22,ON  0031  AARP               000000031-  eIIV  10/16/02  i
127 !IBPATIENT12,TW  0012  BLUE CROSS (FEDER  000000012   eIIV  10/23/02  i   H
128 !IBPATIENT23,ON  0041  C/O DISTRICT COUN  000000041   eIIV  10/23/02  i
129 !IBPATIENT23,TW  0042  BLUE CROSS (FEDER  000000042   eIIV  10/23/02  i
130 !IBPATIENT24,ON  0051  MOTOROLA, INC      000000051   eIIV  10/16/02  i
131 !IBPATIENT25,ON  0061  PRUDENTIAL         000000061   eIIV  10/23/02  i
132 !IBPATIENT26,ON  0071  AARP               000000071   eIIV  10/16/02  i
133 !IBPATIENT27,ONE  0081  UNITED AMERICAN I  000000081   eIIV  10/16/02  i  YH
134 !IBPATIENT28,ONE  0091  BLUE CROSS (FEDER  000000091   eIIV  10/23/02  i
135 ?IBPATIENT29,ONE  0101  BLUE CROSS         000000101   eIIV  10/23/02  i   H
136 !IBPATIENT30,ONE  0111  BLUE CROSS (FEDER  000000111   eIIV  10/16/02  i   H
```

```
+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry        Add Entry           Check Ins Co's
Select Action: Next Screen// R   Reject Entry
Select Buffer Entry(s):  (120-136): 122-124,127
```

Figure 3-10 Select a Range of Buffer Entries to Reject

User Input Fields

SELECT ACTION: Select Reject Entries to begin the entry rejection process.

SELECT BUFFER ENTRIES: Select a buffer entry by number or a group of entry numbers. To enter a group of entry numbers a user may list the entries separated by a comma (i.e. 120,123), or a user may enter a range of numbers using the format # - # (i.e. 125-128), or a user may use a combination of these two methods (i.e. 120, 123, 125-128, 136).

VistA presents the details of the selected buffer entry once the user has specified a buffer entry.

The following screen displays the entries selected for rejection from the above example.

```
  Entry 122  (1 of 4)

--------------------------------------------------------------------------------
  Entered:     10/16/02@11:43                    Source:   eIIV
  Entered By:  INTERFACE,IB IIV                  Verified:

  Patient:     IBPATIENT9,NINE                   Sub Id:   000000009
  Insurance:   BLUE CROSS OF SOUTH CAROLINA-L    Group #:  0009

--------------------------------------------------------------------------------

This action will delete all insurance and patient specific data from a buffer
entry without first saving that data to the insurance files, leaving a stub
entry for reporting purposes.

Reject this buffer entry (delete without saving to Insurance files)? N// y  YES
... done.


  Entry 123  (2 of 4)

--------------------------------------------------------------------------------
  Entered:     10/16/02@11:43                    Source:   eIIV
  Entered By:  INTERFACE,IB IIV                  Verified:

  Patient:     IBPATIENT10,TEN                   Sub Id:   00000010-1
  Insurance:   AARP                              Group #:  0010

--------------------------------------------------------------------------------

This action will delete all insurance and patient specific data from a buffer
entry without first saving that data to the insurance files, leaving a stub
entry for reporting purposes.

Reject this buffer entry (delete without saving to Insurance files)? N// y  YES
... done.


  Entry 124  (3 of 4)

--------------------------------------------------------------------------------
  Entered:     10/16/02@11:44                    Source:   eIIV
  Entered By:  INTERFACE,IB IIV                  Verified:

  Patient:     IBPATIENT11,ELEVEN                Sub Id:   000000011
  Insurance:   BLUE CROSS OF SOUTH CAROLINA      Group #:  0011

--------------------------------------------------------------------------------

This action will delete all insurance and patient specific data from a buffer
entry without first saving that data to the insurance files, leaving a stub
entry for reporting purposes.

Reject this buffer entry (delete without saving to Insurance files)? N// y  YES
... done.
```

```
  Entry 127  (4 of 4)

--------------------------------------------------------------------------------
  Entered:     10/23/02@11:40                    Source:   eIIV
  Entered By:  INTERFACE,IB IIV                  Verified:

  Patient:     IBPATIENT12,TWELVE                Sub Id:   000000012
  Insurance:   BLUE CROSS (FEDERAL)              Group #:  0012

--------------------------------------------------------------------------------

This action will delete all insurance and patient specific data from a buffer
entry without first saving that data to the insurance files, leaving a stub
entry for reporting purposes.

Reject this buffer entry (delete without saving to Insurance files)? N// y  YES
... done.
```

Figure 3-11 Reject the Selected Entries

User Input Field

REJECT THIS BUFFER ENTRY (DELETE WITHOUT SAVING TO INSURANCE FILES)?:
Entering YES rejects the buffer entry and displays the next entry selected.

With the list of entry rejection completed, the Insurance Buffer List re-appears. The highlighting here points out the rejected entries.

The following screen displays the updated Insurance Buffer List with the rejected entries.

```
Insurance Buffer List          Oct 29, 2002@15:19:12          Page:    8 of   18
Buffer File entries not yet processed.   (sorted by Patient Name)
+   Patient Name             Insurance Company  Subscr Id   Src   Entered   Iieyh

120 !IBPATIENT20,ON   0001  VALUE OPTIONS/RAI  000-00-001  eIIV  10/16/02  i
121 ?IBPATIENT20,ON   0011  AETNA LIFE AND CA  000000011-  eIIV  10/16/02  i
--- !REJECTED         0009  BLUE CROSS OF SOU  000000009   eIIV  10/16/02  i
--- !REJECTED         0101  AARP               00000010-1  eIIV  10/16/02
--- !REJECTED         0011  BLUE CROSS OF SOU  000000011   eIIV  10/16/02  i
125 !IBPATIENT21,ON   0021  AETNA LIFE INSURA  000-00-021  eIIV  10/16/02  i
126 !IBPATIENT22,ON   0031  AARP               000000031-  eIIV  10/16/02  i
--- !REJECTED         0012  BLUE CROSS (FEDER  000000012   eIIV  10/23/02  i   H
128 !IBPATIENT23,ON   0041  C/O DISTRICT COUN  000000041   eIIV  10/23/02  i
129 !IBPATIENT23,TW   0042  BLUE CROSS (FEDER  000000042   eIIV  10/23/02  i
130 !IBPATIENT24,ON   0051  MOTOROLA, INC      000000051   eIIV  10/16/02  i
131 !IBPATIENT25,ON   0061  PRUDENTIAL         000000061   eIIV  10/23/02  i
132 !IBPATIENT26,ON   0071  AARP               000000071   eIIV  10/16/02  i
133 !IBPATIENT27,ON   0081  UNITED AMERICAN I  000000081   eIIV  10/16/02  i  YH
134 !IBPATIENT28,ON   0091  BLUE CROSS (FEDER  000000091   eIIV  10/23/02  i
135 ?IBPATIENT29,ON   0101  BLUE CROSS         000000101   eIIV  10/23/02  i   H
136 !IBPATIENT30,ONE  0111  BLUE CROSS (FEDER  000000111   eIIV  10/16/02  i   H
+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry       Add Entry            Check Ins Co's
Select Action: Next Screen//
```

Figure 3-12 The Rejected Buffer Entries are so Marked

Individual Acceptance of Buffer Entries – Field by Field

Within the Accept Entry sub-action of the Process Entry action, a new update method, Individually Accept (Skip Blanks), has been added to the existing Merge, Overwrite, Replace and No Change choices. In this option, the user is only asked to accept the buffer data element or buffer address group if the information differs from the data in the existing insurance files. If no difference exists, the fields are displayed, but the

user is not prompted to accept the change. This method will not prompt the user to update the existing insurance files if the buffer data element is a blank or if the buffer address group is all blanks. The display of fields is nearly identical to the existing display that the user sees when selecting the acceptance method for each section. During the individual acceptance process, if the user is prompted to 'Accept change?' and the user times out (does not respond in a specified read time) or the user enters a '^', the changes are not accepted and nothing is changed. The process will then continue on to the next section, if multiple selections are active, or end the acceptance process without updating the Insurance Buffer entry.

The following screen displays a user selecting the Individually Accept (Skip Blanks) option ("I"):

```
Insurance Buffer List         Jun 18, 2003@11:24:43          Page:    3 of    4
Buffer File entries not yet processed.   (sorted by Patient Name)
+   Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
35  ?IBPATIENT7,ONE   0007  AETNA                          eIIV  01/01/03  i
36  !IBPATIENT2,ONE   0002  BLUE CROSS BLUE S              INTV  01/01/03
37  *IBPATIENT3,ONE   0003  BLUE CROSS OF SOU  000000003   eIIV  01/01/03  i  Y
38   IBPATIENT4,ONE   0004  AETNA              12345       eIIV  01/01/03  i
39  !IBPATIENT5,ONE   0005  HUMANA CARE PLUS               eIIV  01/01/03  i
40  !IBPATIENT5,ONE   0005  INSERT                        INTV  01/01/03  i
41  !IBPATIENT5,ONE   0005  TEST ENTRY         12345       eIIV  01/01/03  i
42  !IBPATIENT5,ONE   0005  MAIL HANDLERS               eIIV  01/01/03  i
43  !IBPATIENT5,ONE   0005  TEST NAME OVERWRI           INTV  01/01/03  i
44  *IBPATIENT5,ONE   0005  TEST ENTRY         12345       eIIV  01/01/03  i
45  !IBPATIENT5,ONE   0005  NEWER ONE                     INTV  01/01/03
46  !IBPATIENT1,ONE   6789  BLUE CROSS (FEDER  123456789   INTV  01/01/03  i
47   IBPATIENT1,ONE   6789  AETNA                         INTV  01/01/03  i
48   IBPATIENT6,ONE   0006  AETNA                         INTV  01/01/03    Y
49  !IBPATIENT9,ONE   0009  BCBSMA             000000009   DMTC  01/01/03   E
50  *IBPATIENT20,TW   0012  BLUE CROSS OF SOU  000000012   eIIV  01/01/03  i  Y
51  !IBPATIENT7,ONE   0007  PRUDENTIAL INS CO              INTV  01/01/03  I

+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry       Add Entry            Check Ins Co's
Select Action: Next Screen// P   Process Entry
Select Buffer Entry(s):  (35-51): 46

Insurance Buffer Process      Jun 18, 2003@11:24:49          Page:    1 of    1
IBPATIENT1,ONE                     000-00-6789    DOB: XXX XX,1931    AGE: 71

                             BLUE CROSS (FEDERA
   -BLUE CROSS (FEDERA                000006789

                        Patient's Existing Insurance
   Insurance Company    Group #        Subscriber Id  Holder  Effective Expires
1   BLUE CROSS (FEDERA  G12345         TESTID         PATIEN  01/01/99

           Any Group/Plan that may match Group Name or Group Number
     Insurance Company                  Group Name            Group Number

 No Group/Plans found that Match the buffer entry's Group Name or Group Number.









         Enter ?? for more actions
    Accept Entry             Compare Entry             Insurance Co/Patient
    Reject Entry          EE  Expand Entry          X   Exit
Select Action: Quit// A   Accept Entry
Select Company/Policy:  (1-1): 1

  Insurance Data:  Buffer Data                    Selected Insurance Company
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
      Reimburse?:                                 | WILL REIMBURSE
    Phone Number:                                 | 800 555-1212
   Billing Phone:                                 | 800 555-1234
  Pre-Cert Phone:                                 | 800 800-8000
```

```
 Street [Line 1]:                              | 800 WALNUT STREET
 Street [Line 2]:                              |
 Street [Line 3]:                              |
           City:                               | PHILADELPHIA
          State:                               | PENNSYLVANIA
       Zip Code:                               |
                  (bold=accepted on Merge)     | (bold=replaced on Overwrite)

Is this the correct INSURANCE COMPANY to match with this Buffer entry? YES

Select the method to update the INSURANCE COMPANY:  (M/O/R/N/I): I  INDIVIDUALLY ACCEPT (SKIP BLANKS)




  Insurance Data:  Buffer Data                   Selected Insurance Company
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
      Reimburse?:                                | WILL REIMBURSE
    Phone Number:                                | 800 555-1212
   Billing Phone:                                | 800 555-1234
  Pre-Cert Phone:                                | 800 800-8000
 Street [Line 1]:                                | 800 WALNUT STREET
 Street [Line 2]:                                |
 Street [Line 3]:                                |
           City:                                 | PHILADELPHIA
          State:                                 | PENNSYLVANIA
            Zip:                                 |

There are no changes to be accepted, based on the method of update chosen.


             Patient is a member of this Insurance Group/Plan

 Group/Plan Data:  Buffer Data                  Selected Group/Plan
    Company Name:  BLUE CROSS (FEDERAL)         | BLUE CROSS (FEDERAL)
  Is Group Plan?:                               | YES
      Group Name:                               |
    Group Number:                               | G12345
      Require UR:                               | YES
Require Pre-Cert:                               | YES
Require Amb Cert:                               |
Exclude Pre-Cond:                               |
 Benefits Assign:                               | YES
    Type of Plan:                               | COMPREHENSIVE MAJOR MEDICAL
                  (bold=accepted on merge)      | (bold=replaced on overwrite)

Is this the correct GROUP/PLAN to match with this Buffer entry? YES

Select the method to update the GROUP/PLAN:  (M/O/R/N/I): I  INDIVIDUALLY ACCEPT (SKIP BLANKS)




 Group/Plan Data:  Buffer Data                  Selected Group/Plan
    Company Name:  BLUE CROSS (FEDERAL)         | BLUE CROSS (FEDERAL)
  Is Group Plan?:                               | YES
      Group Name:                               |
    Group Number:                               | G12345
      Require UR:                               | YES
Require Pre-Cert:                               | YES
Require Amb Cert:                               |
Exclude Pre-Cond:                               |
 Benefits Assign:                               | YES
    Type of Plan:                               | COMPREHENSIVE MAJOR MEDICAL

There are no changes to be accepted, based on the method of update chosen.



     Policy Data:  Buffer Data                  Selected Policy
```

```
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
         Group #:                                | G12345
    Patient Name:  IBPATIENT1,ONE                | IBPATIENT1,ONE
   Last Verified:                                | JAN 01, 2003
  Effective Date:                                | JAN 01, 1999
 Expiration Date:                                |
   Subscriber Id:  000006789                     | TESTID
 Whose Insurance:                                | VETERAN
    Relationship:                                | PATIENT
 Name of Insured:                                | IBPATIENT1,ONE
   Insured's DOB:                                |
   Insured's SSN:                                |
Primary Provider:                                |
  Provider Phone:                                |
Coor of Benefits:                                | TERTIARY
  Emp Sponsored?:  YES                           |
   Employer Name:                                |
      Emp Status:                                |
 Retirement Date:                                |
Send to Employer:                                |
 Emp Street Ln 1:                                |
 Emp Street Ln 2:                                |
 Emp Street Ln 3:                                |
        Emp City:                                |
       Emp State:                                |
    Emp Zip Code:                                |
       Emp Phone:                                |
                  (bold=accepted on merge)       | (bold=replaced on overwrite)

Is this the correct PATIENT POLICY to match with this Buffer entry? YES

Select the method to update the PATIENT POLICY:  (M/O/R/N/I): I  INDIVIDUALLY ACCEPT (SKIP BLANKS)

     Policy Data:  Buffer Data                     Selected Policy
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
         Group #:                                | G12345
    Patient Name:  IBPATIENT1,ONE                | IBPATIENT1,ONE
   Last Verified:                                | JAN 01, 2003
  Effective Date:                                | JAN 01, 1999
 Expiration Date:                                |
   Subscriber Id:  000006789                     | TESTID
Accept Change, Replace? No// YES

 Whose Insurance:                                | VETERAN
    Relationship:                                | PATIENT
 Name fo Insured:                                | IBPATIENT1,ONE
   Insured's DOB:                                |
   Insured's SSN:                                |
Primary Provider:                                |
  Provider Phone:                                |
Coor of Benefits:                                | TERTIARY

End of changes for POLICY related data.


   Emp Sponsored:  YES                           |
Accept Change, Replace? No// YES

   Employer Name:                                |
      Emp Status:                                |
 Retirement Date:                                |
Send to Employer:                                |
       Emp Phone:                                |
 Emp Street Ln 1:                                |
 Emp Street Ln 2:                                |
 Emp Street Ln 3:                                |
        Emp City:                                |
       Emp State:                                |
    Emp Zip Code:                                |

End of changes for EMPLOYEE SPONSORED GROUP HEALTH PLAN related data.


STEP 1: Insurance Company
```

```
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Insurance Company data.

STEP 2: Group/Plan
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Group/Plan data.

STEP 3: Patient Policy
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Policy data.



Is this Correct, update the existing Insurance files now? YES ...

Insurance Company Updated...
Group/Plan Updated...
Patient Policy Updated...


Press 'V' to view the changes or Return to continue: V


  Insurance Data:  Buffer Data                    Selected Insurance Company
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
      Reimburse?:                                | WILL REIMBURSE
    Phone Number:                                | 800 555-1212
   Billing Phone:                                | 800 555-1234
  Pre-Cert Phone:                                | 800 800-8000
 Street [Line 1]:                                | 800 WALNUT STREET
 Street [Line 2]:                                |
 Street [Line 3]:                                |
            City:                                | PHILADELPHIA
           State:                                | PENNSYLVANIA
        Zip Code:                                |
                   (bold=accepted on Merge)      | (bold=replaced on Overwrite)

 Group/Plan Data:  Buffer Data                   Selected Group/Plan
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
  Is Group Plan?:                                | YES
      Group Name:                                |
    Group Number:                                | G12345
      Require UR:                                | YES
Require Pre-Cert:                                | YES
Require Amb Cert:                                |
Exclude Pre-Cond:                                |
 Benefits Assign:                                | YES
    Type of Plan:                                | COMPREHENSIVE MAJOR MEDICAL
                   (bold=accepted on merge)      | (bold=replaced on overwrite)

     Policy Data:  Buffer Data                   Selected Policy
    Company Name:  BLUE CROSS (FEDERAL)          | BLUE CROSS (FEDERAL)
         Group #:                                | G12345
    Patient Name:  IBPATIENT1,ONE                | IBPATIENT1,ONE
   Last Verified:                                | JAN 01, 2003
  Effective Date:                                | JAN 01, 1999
 Expiration Date:                                |
   Subscriber Id:  000006789                     | 000006789
 Whose Insurance:                                | VETERAN
    Relationship:                                | PATIENT
 Name of Insured:                                | IBPATIENT1,ONE
   Insured's DOB:                                |
   Insured's SSN:                                |
Primary Provider:                                |
  Provider Phone:                                |
Coor of Benefits:                                | TERTIARY
  Emp Sponsored?:  YES                           | YES

   Employer Name:                                |
      Emp Status:                                |
 Retirement Date:                                |
Send to Employer:                                |
 Emp Street Ln 1:                                |
 Emp Street Ln 2:                                |
 Emp Street Ln 3:                                |
        Emp City:                                |
       Emp State:                                |
```

```
    Emp Zip Code:                                |
       Emp Phone:                                |
                   (bold=accepted on merge)      | (bold=replaced on overwrite)
```

Figure 3-13 Individually Accept (Skip Blanks), Option I

Help

The user may enter "? " or "??" at the Select Action prompt to receive help text. The help text associated with the main Insurance Buffer listing has been updated with the new verified column characters.

The Insurance Buffer Listing help text reflects the IIV changes highlighted here.

```
This screen lists all Insurance plans and policies in the Insurance Buffer
that have not yet been processed (accepted or rejected).

Flags displayed on screen if they apply to the Buffer entry:
   i - Patient has other currently effective Insurance
   I - Patient is currently admitted as an Inpatient
   E - Patient has Expired
   Y - Means Test Copay Patient
   H - Patient has Bills On Hold
   * - Buffer entry Verified

IIV Electronic Insurance Verification Status
  The following IIV Status indicators may appear to the left of the
  patient name:
   + - Insurance information was positively verified via electronic inquiry
   ? - Electronic inquiry was sent and awaiting a reply
   ! - Unable to electronically verify the insurance information
           Insurance Company identification may be a problem
           Manual intervention may be required
           Please use the Expand Entry option to see more information
   - - Insurance company denied carrying the patient's insurance

When an entry is Processed it is either:
   Accepted - the Buffer entry's data is stored in the main Insurance files.
            - the modified Insurance entry is flagged as Verified.
   Rejected - the Buffer entry's data is not stored in the main Insurance files.

Once an entry is processed (either accepted or rejected) most of the data in
the Buffer File entry is deleted leaving only a stub entry for tracking
and reporting purposes.

The IB INSURANCE SUPERVISOR key is required to either Accept or Reject an entry.
```

Figure 3-14 Help Screen which Includes Clarification of the IIV Status Flags

SECTION 4 – REQUEST ELECTRONIC INSURANCE INQUIRY

Introduction

This option allows users to force an electronic inquiry of a patient's insurance information. This option overrides the "Freshness Days" field that is detailed in Section 1 – Site Parameters. This option requires the IBCNE IIV SUPERVISOR security key.

When running this option, VistA first prompts the user for a patient name using the standard patient lookup. Users can then select one of the patient's eligible insurance policies to reconfirm, or the entry "Search For All" may be selected to return all available insurance information for the patient. If a specific Insurance Company is chosen, VistA then creates a new insurance buffer entry in the Insurance Buffer file (#355.33) with an internal flag set to signal that an electronic inquiry is to be sent to the payer that evening. The new entry in the insurance buffer file has the source "eIIV". When the option "Search For All" is selected, an inquiry is added to be processed during the next IIV batch run, but no Insurance Buffer entry is created at this time since there is no insurance information at this point. All positive eligibility responses (if any) will be added to the insurance buffer when the responses are received from the payers.

Force an IIV Inquiry

To force IIV to Send an Inquiry of a patient's insurance select the Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] option from the IIV Menu [IBCNE IIV MENU].

The following screen is an example of the Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] Patient lookup.

```
Select IIV MENU: Request Electronic Insurance Inquiry
Request Electronic Insurance Inquiry

Select PATIENT NAME: IBPATIENT40
   1   IBPATIENT40,ONE        1-1-62    000000001     NO     NON-VETERAN (OTHER)
     AG/
   2   IBPATIENT40,TWO        1-1-57    000000002     NO     NSC VETERAN
                        * * * MEANS TEST REQUIRED * * *
   3   IBPATIENT40,THREE      1-1-56    000000003     YES     SC VETERAN
     AG/
   4   IBPATIENT40,FOUR       1-1-49    000000004     YES     SC VETERAN
     DB/AG/AT/
   5   IBPATIENT40,FIVE       1-1-76    000000005     NO     NON-VETERAN (OTHER)
     CH/
ENTER '^' TO STOP, OR
CHOOSE 1-5: 3  IBPATIENT40,THREE        1-1-56    000000003     YES     SC VETER
AN      AG/
```

Figure 4-1 Request Electronic Insurance Inquiry Patient Lookup

Users may enter "^" to exit the lookup.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

User Input Fields

SELECT PATIENT NAME: Enter an initial portion of or the entire PATIENT NAME (Last Name, First Name Middle Initial), or SOCIAL SECURITY NUMBER, or last 4 digits of SOCIAL SECURITY NUMBER, or first initial of last name with last 4 digits of SOCIAL SECURITY NUMBER.

CHOOSE 1-N: Select the number that corresponds to the patient to be selected.

Once a patient has been selected, the following screen displays all eligible insurance companies associated with the patient regardless of their active status. Medicare and Medicaid are not considered to be eligible companies for this option. Also, the last choice in the list will be "Search For All" to allow the request of all insurance information that is available electronically. Please note that the screen header will indicate if the patient already has Insurance Buffer records. Additionally, if the Insurance Co. name is prefixed with an asterisk (*), this indicates that there is already an Insurance Buffer record for the patient with an identical insurance company name and group information. This is intended to let the user know that selecting this entry may create a duplicate Insurance Buffer record with an internal flag set to signal that an electronic inquiry is to be sent to the payer that evening.

The following screen displays an insurance policy listing for a patient without existing Insurance Buffer records of any kind.

```
IIV Insurance Request         Jul 10, 2002@09:09:22          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT41,ONE I0021

    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   GROUP HEALTH IN                   82207E743    SPOUSE   10/02/1990  10/02/20
2   EMPIRE BLUE CRO                   N/A          SPOUSE   10/02/1990  10/02/20
3   Search for All



          Enter ?? for more actions                                      >>>
SE  Select Entry                        EX  Exit
Select Action: Quit//
```

Figure 4-2 Request Electronic Insurance Inquiry - No Insurance Buffer records

In Figure 4-2 and in the figures below, the data in the Expires column is partially obscured from view. This is due to the length of the data records being longer than the width of the screen. The user can use the right and left arrows to reposition the record so as to see the rest of the hidden data. The arrows on the right side of the screen inform the user that there is data hidden on the right.

Notice there is already an existing insurance buffer entry with the same insurance company name. (The name is preceded by an "*").

The following screen displays the eligible insurance company list for the selected patient.

```
IIV Insurance Request          Jul 10, 2002@09:00:31          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT40,TWO I0022
*** Patient has Insurance Buffer Records

    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   *BLUE CROSS      COMPREHENSIVE M  N/A          SPOUSE               01/01/19
2   *BLUE CROSS      HEALTH MAINTENA  0022         SPOUSE   01/01/1995
3    Search for All




          Enter ?? for more actions                                          >>>
SE  Select Entry                        EX  Exit
Select Action: Quit//
```

Figure 4-3 Reconfirm Patient Insurance Company List – excludes Medicare and Medicaid

To select an insurance entry from the list, simply type 'SE' at the Select Action prompt. The user is then prompted for a specific entry from the list. Users may only select one entry at a time.

```
IIV Insurance Request          Jul 10, 2002@09:00:31          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT40,TWO I0022
*** Patient has Insurance Buffer Records

    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   *BLUE CROSS      COMPREHENSIVE M  N/A          SPOUSE               01/01/19
2   *BLUE CROSS      HEALTH MAINTENA  0022         SPOUSE   01/01/1995
3    Search for All




          Enter ?? for more actions                                          >>>
SE  Select Entry                        EX  Exit
Select Action: Quit// SE   Select Entry
Select Insurance Co entry to reverify:  (1-2): 1
```

Figure 4-4 Reconfirm Patient Insurance Company List – SE – Select Entry Action

User may enter "^" at any prompt to exit the report or to move to a previous input field.

Users may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

User Input Fields

SELECT ACTION: Enter "SE" to select an entry or enter "EX" to exit the screen.

EXIT OPTION ENTIRELY? If the user selects EX at the Select Action prompt they will be ask if they wish to exit the option entirely. If YES is entered the request electronic insurance inquiry option will be exited. If NO is entered the user will be returned to the Patient Name prompt to select another patient.

SELECT INSURANCE CO ENTRY TO INQUIRE: If the user selects SE at the Select Action prompt they will be prompted to select an insurance company entry to inquire about. The user should select the number corresponding to the entry they wish to verify. Additionally, the item "Search for All" may be chosen to indicate that all available insurance information should be returned for the chosen patient.

If a user selects the SE – Select Entry action for a patient without eligible (non-Medicaid/non-Medicare) insurance policies for inquiry, the only choice that is available is the "Search for All" option:

```
IIV Insurance Request         Jul 10, 2002@09:06:26          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT40,ONE I0001

    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   Search for All









          Enter ?? for more actions                                          >>>
SE  Select Entry                        EX  Exit
Select Action: Quit// SE   Select Entry
Select entry to request electronic inquiry:  (1-1): 1

Are you sure you want to request an insurance inquiry? NO// YES

A request to search for all known insurance information for patient
IBPATIENT40,ONE will be processed overnight.

Enter RETURN to continue or '^' to exit:
```

Figure 4-5 Inquire Patient Insurance - Only Search for All option Available

If the selected entry's Insurance Co. name is prefixed with an asterisk (*), the user is warned that the action will create a duplicate entry in the Insurance Buffer and is offered the opportunity to cancel the action:

```
IIV Insurance Request          Jul 10, 2002@09:00:31          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT40,TWO I0022
*** Patient has Insurance Buffer Records
    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   *BLUE CROSS      COMPREHENSIVE M  N/A          SPOUSE               01/01/19
2   *BLUE CROSS      HEALTH MAINTENA  0022         SPOUSE   01/01/1995
3    Search for All


          Enter ?? for more actions                                          >>>
SE  Select Entry                        EX  Exit

Select Action: Quit// SE   Select Entry
Select Insurance Co entry to reverify:  (1-2): 1
Selecting this entry may create a duplicate entry in the Insurance Buffer.
Are you sure you want to reverify this entry?
```

Figure 4-6 Request Inquiry - Patient Insurance Company List – Warns Users of Potential for Creating Duplicate Entries in the Insurance Buffer

If the user chooses to continue and inquire the selected insurance for the patient's insurance, the user is alerted to the success of the operation:

```
IIV Insurance Request   Jul 10, 2002@09:00:31          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IBPATIENT40,TWO I0022
*** Patient has Insurance Buffer Records

    Insurance Co.    Type of Policy   Group        Holder   Effect.     Expires
1   *BLUE CROSS      COMPREHENSIVE M  N/A          SPOUSE               01/01/19
2   *BLUE CROSS      HEALTH MAINTENA  0022         SPOUSE   01/01/1995
3    Search for All




         Enter ?? for more actions                                        >>>
SE  Select Entry                        EX  Exit
Select Action: Quit// SE   Select Entry
Select Insurance Co entry to reverify:  (1-2): 1
Selecting this entry may create a duplicate entry in the Insurance Buffer.
Are you sure you want to reverify this entry? YES
Insurance Buffer entry created!

Enter RETURN to continue or '^' to exit:
```

Figure 4-7 Request Inquire Insurance Company List – Successful Creation Message

The User can verify that VistA ordered this electronic inquiry by checking for the patient record's entry in the Insurance Buffer (see Section 3 Insurance Buffer, topic Expand Entry for instructions). Once there, if the user examines the patient's record via Expand Entry, the user will see, under the Buffer Entry Information section, the phrase "User Requested Inquiry?: YES".

Additional User Input Field

Are you sure you want to reverify this entry? Selecting YES will re-verify the entry. Selecting NO will return the user to the Select Action prompt.

If the user types "?" at the Select Action prompt, the following Help message is displayed:

```
This screen lists all eligible (non-Medicaid/non-Medicare) Insurance policies
for the patient.  Selecting an entry in this list creates an Insurance Buffer
entry with Source 'eIIV' and Override Freshness Flag 'Yes'.  Setting this flag
is designed to force the eIIV extract to attempt to create an insurance
inquiry based on this entry.

Entries with an asterisk (*) preceding the Insurance Co name already exist in
the Insurance Buffer with the exact same name and the Override Freshness Flag
set to 'Yes'.  Selecting an entry with an asterisk (*) will create a duplicate
entry in the Insurance Buffer entry for the patient.

Enter RETURN to continue or '^' to exit:
```

Figure 4-8 Request Inquiry Patient Insurance – Help Screen

To select another patient, simply type Quit (or press return) at the Select Action prompt to return to the Select Patient prompt or type EX – Exit at the Select Action prompt and answer NO at the exit option completely prompt. To exit the option completely, type Quit (or press return) at the Select Action prompt to return to the Select Patient prompt and press enter to exit the patient lookup or type EX – Exit and answer YES at the exit option completely prompt.

SECTION 5 – AUTO MATCH

Introduction

Auto Match is a new VistA feature to help IIV match user-entered insurance company names to the correct names in the database. In VistA, there are several places where a user may enter an insurance company without the benefit of a list of valid insurance names to pick from, for example the insurance buffer. This, unfortunately, results in misspelled insurance company names and insurance names typed in a different manner than legitimate entries in VistA. Auto Match is necessary because IIV must be able to identify which insurance company the user is referring to in order to appropriately generate inquiries and process responses. This new enhancement promotes using consistent insurance company names.

There is an Auto Match file (#365.11) in each VistA system. Each record in the file has two fields. The first field, "Entered Name", stores the insurance company name that the user entered into the VistA system without proper validation, e.g. the insurance company name in the insurance buffer. The second field, "Proper Name", stores the exact proper name of the insurance company that can be found in the insurance file of the VistA database. Users must have the IBCNE IIV AUTO MATCH security key to add, update, or delete an Auto Match entry.

In other words, the auto match feature is used to teach the VistA system how to interpret common misspellings or shorthand that the users may use when typing in the insurance company names into the insurance buffer.

It is recommended that users run the "Check Ins Co" action on names from the Insurance Buffer Listing screen to initially populate the Auto Match files based on existing entries in the Insurance Buffer. Selecting this action will generate a list of insurance company names found in your current insurance buffer file that do not exist in the Insurance Company file (#36). The more one "teaches" the Auto Match file the fewer problems IIV will encounter each night when it creates insurance inquiries for electronic transmission to the payers. The more problems IIV encounters, the fewer number of insurance records will be electronically verified for the users.

There is a menu option, Enter/Edit Auto Match Entries [IBCNE Auto Match Enter/Edit] that will allow you to maintain Auto Match entries. It is described in detail later in this section.

Auto Match Used in VistA Applications

Auto Match is currently used in the VistA Insurance buffer edit application.

When a user types in an insurance company name, VistA attempts to match the typed name with the insurance company names currently stored in the insurance file. If that attempt fails, the user-typed name is compared to the list of Entered Name(s) in the auto match file (#365.11). If there are Entered Name(s) that match it, they are displayed along with their associated Proper Name(s). The user may then select one of the valid names to replace his/her entry. The user is not required to accept one of the supplied choices. The user is allowed to keep the typed name as they entered it. It is also possible that the search in the auto match file uncovers no insurance company names. In this case, no choices are presented to the user.

Two Kinds of Auto Match Matches

Two kinds of matches are available: simple matches and wildcards.

Simple Auto Match Matches

For Simple Auto Matches, the Entered Name field literally contains the name found in the insurance buffer, ignoring leading and trailing spaces. For example, the Entered Name "AETAN" will match "AETAN" and "AETAN " in the insurance buffer even though "AETAN " has trailing spaces. An entry in this form might have "BC/BS" as the Entered Name and show "EMPIRE BC/BS" in the Proper Name field. As the insurance staff encounters misnamed insurance companies (perhaps the name on the insurance card does not match the name in the VistA database), the insurance staff member corrects the name and VistA asks whether to remember the change and add it as a new record in the auto match file (#365.11).

Wildcard Auto Match Matches

For the Wildcard Auto Match, simple matches are still supported. However, the wildcard character, the asterisk (*), may be utilized. Wildcards may be used to anticipate common spelling mistakes. The asterisk appears where there may be any number of any characters. For example, if "BC*BS" is your Auto Match selection, you are directing VistA to find all Insurance Company names that begin with BC and end with BS. Therefore, "BC/BS", "BC BS", "BC-BS", "BCBS" and even "BC / BS" are all matches.

An Entered Name may have any number of asterisks. "BC*BS" is valid as is "BC*BS*". There is a restriction on the use of the asterisk, however. Whenever a wildcard is used, a minimum of four non-wildcard characters must be specified as well.

The following screen shots are included to illustrate more examples of potential auto matches. Please note, the steps needed to maintain the auto match file will be described later in this section.

The following screen illustrates the entry of a wildcard auto match. A user is creating a record in the auto match file, BC*BS, to "teach" the system that when a user types an insurance company name BC + any other letters or characters + BS he/she is really referencing the insurance company BLUE CROSS. In this scenario, "BC*BS" would be the Entered Name and "BLUE CROSS" would be the Proper Name. * Note the last highlighted sentence in the screen shot.

```
Select IIV Menu Option: AE  Enter/Edit Auto Match Entries

              Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by linking together a valid, correct Insurance Company
name with an incorrect entry that an insurance verifier may enter during data entry.

Select an Auto Match Entry: BC*BS

 For your information, no insurance company names or synonyms passed
 a pattern match on 'BC*BS'.

  Are you adding 'BC*BS' as a new IIV AUTO MATCH (the 64TH)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: BLU
      1   BLUE CHOICE PLATINUM
      2   BLUE CROSS
      3   BLUE CROSS (FEDERAL)
      4   BLUE CROSS BLUE SHIELD
      5   BLUE CROSS OF ALABAMA
      6   BLUE CROSS OF ALABAMA(L)
      7   BLUE CROSS OF ARKANSAS
```

```
      8   BLUE CROSS OF ARKANSAS(L)
      9   BLUE CROSS OF CALIFORNIA
     10   BLUE CROSS OF CENTRAL NEW YORK
CHOOSE 1-10: 2

   BC*BS is now linked with BLUE CROSS.

Select an Auto Match Entry:
```

Figure 5-1 Auto Match Entry with Wildcard

An Entered Name may not be simply an asterisk. The simple pattern "*" is unacceptable. In the following screen shot, note the message displayed to the user after they tried to create an entry in the auto match file (#365.11) with a Entered Name of "*".

```
Select IIV Menu Option: AE  Enter/Edit Auto Match Entries

              Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by linking together a valid, correct Insurance Company
name with an incorrect entry that an insurance verifier may enter during data entry.

Select an Auto Match Entry: *

Response is too short.  3 characters minimum.

Select an Auto Match Entry:
```

Figure 5-2 Auto Match Entry Attempt with Single Wildcard

As previously noted, an Entered Name that has at least one asterisk must have at least four non-wildcard characters. A warning is displayed to the user if the Entered Name does not follow this rule.

```
Select IIV Menu Option: AE  Enter/Edit Auto Match Entries

              Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by linking together a valid, correct Insurance Company
name with an incorrect entry that an insurance verifier may enter during data entry.

Select an Auto Match Entry: BLU*

Wildcarded entries must have at least 4 non-wildcard characters.

Select an Auto Match Entry: BLUE*
     1   BLUE*NEW*      is linked with BLUE CROSS OF CENTRAL NEW YORK
     2   BLUE*VIR*      is linked with BLUE CROSS OF VIRGINIA(L)
CHOOSE 1-2:
```

Figure 5-3 Auto Match Entry Attempt with 3 Non-Wildcard Characters

Entered Names must be unique. Two or more auto match entries may not share an identical Entered Name. But on the other hand, two or more Entered Names may be linked with the same Proper Name (proper insurance company name).

The screenshot below shows a user creating an auto match entry where CIGNA is the Entered Name and CIGNA BEHAVIORAL HEALTH is the Proper Name. The user then tries to create another auto match entry using the identical Entered Name CIGNA. The system detects this as a problem and does not allow the creation of the second auto match entry. The system notifies the user of the problem with the phrase "Either key values are null, or they create a duplicate key."

```
Select IIV Menu AE  Enter/Edit Auto Match Entries

             Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by linking together a valid, correct Insurance Company
name with an incorrect entry that an insurance verifier may enter during data entry.

Select an Auto Match Entry: CIGNA
  Are you adding 'CIGNA' as a new IIV AUTO MATCH (the 3RD)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: CIGNA
      1   CIGNA
      2   CIGNA
      3   CIGNA BEHAVORIAL HEALTH
      4   CIGNA CONNECTICUT ILLINOIS
      5   CIGNA HEALTH CARE                        CIGNA HEALTH CARE OF GEORGIA
      6   CIGNA HEALTH PLAN
      7   CIGNA HEALTHCARE
      8   CIGNA HEALTHCARE FOR SENIORS
      9   CIGNA HEALTHCARE GREENVILLE,SC
     10   CIGNA HEALTHCARE OF FLORIDA
CHOOSE 1-10: 3

   CIGNA is now linked with CIGNA BEHAVORIAL HEALTH.

Select an Auto Match Entry: CIGNA       CIGNA BEHAVORIAL HEALTH
         ...OK? Yes// N  (No)

  Are you adding 'CIGNA' as a new IIV AUTO MATCH (the 4TH)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: CIGNA HEALTH PLAN
      1   CIGNA HEALTH PLAN
CHOOSE 1-1: 1
      Either key values are null, or they create a duplicate key.
      <'CIGNA' DELETED>

Select an Auto Match Entry:
```

Figure 5-4 Attempt to Create Two Auto Match Entries for the Same Entered Name "CIGNA"

A VISN might have these entries in its auto match file:

Entered Name	Proper Name
BC*BS	EMPIRE BC/BS
EMPIRE BC*	EMPIRE BC/BS
GE BC*BS	EMPIRE BC/BS
Blue Cross	EMPIRE BC/BS

Figure 5-5 Example of Wildcard Auto Matches

Maintaining the Auto Match File

VistA offers a separate menu option to create, update, and delete auto match file (#365.11) entries.

The auto match file has several fields, of which only the Entered Name and Proper Name are editable:

- The Entered Name which may be a simple company name or a wildcard pattern. In either case, it is this name that is matched to the name entered into the insurance buffer by a user.
- The Proper Name which identifies an insurance company by its name in the insurance files.

Users can maintain the auto match file (#365.11) through the Enter/Edit Auto Match Entries [IBCNE Auto Match Enter/Edit] option from the IIV Menu [IBCNE IIV MENU]

The next few figures identify the auto match entry by the Entered Name value or its partial name. In the next three examples we want to add the Entered Name if it does not already exist as an entry.

The following figure shows how to add an entry to correct a common spelling mistake:

```
Select an Auto Match Entry: AETNA CONEDISON
  Are you adding 'AETNA CONEDISON' as a new IIV AUTO MATCH (the 6TH)? No// Y
  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: AETNA CON
      1   AETNA CON-EDISON
CHOOSE 1-1: 1

   AETNA CONEDISON is now linked with AETNA CON-EDISON.

Select an Auto Match Entry:
```

Figure 5-6 Case #1 – Spelling Mistake Entry

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select an AUTO MATCH ENTRY: Enter the misspelled Insurance Company Name.

IIV AUTO MATCH INSURANCE COMPANY NAME: Select the number that corresponds to the correct insurance company.

As described earlier in this section, an Auto Match entry may contain one or more wildcards.

The following screen shows the creation of an Auto Match entry using the "*" wildcard.

```
Select an Auto Match Entry: HUMANA EMP*

 For your information, the following insurance company names and
 synonyms passed a pattern match on 'HUMANA EMP*':

   HUMANA EMPLOYERS HEALTH

  Are you adding 'HUMANA EMP*' as a new IIV AUTO MATCH (the 4TH)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: HUMANA EMPLOYERS HEALTH
      1   HUMANA EMPLOYERS HEALTH
CHOOSE 1-1: 1

   HUMANA EMP* is now linked with HUMANA EMPLOYERS HEALTH.

Select an Auto Match Entry:
```

Figure 5-7 Case #2 – Wildcard Entry

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select an AUTO MATCH ENTRY: Enter a partial Insurance Company Name with a wildcard designation (*).

IIV AUTO MATCH INSURANCE COMPANY NAME: Select the number that corresponds to the correct insurance company.

Wildcards may be used to anticipate common spelling mistakes.

The following screen shows how a wildcard entry may be used to fix a common spelling mistake:

```
Select an Auto Match Entry: SU*CARE

 For your information, the following insurance company names and
 synonyms passed a pattern match on 'SU*CARE':

   SUMMACARE (Synonym for SUMMCARE)
   SUMMCARE

  Are you adding 'SU*CARE' as a new IIV AUTO MATCH (the 5TH)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: SUMMCARE
      1   SUMMCARE
CHOOSE 1-1: 1

   SU*CARE is now linked with SUMMCARE.

Select an Auto Match Entry:
```

Figure 5-8 Case #3 – Wildcard Entry for Spelling Mistake

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select an AUTO MATCH ENTRY: Enter a leading portion of the Insurance Company Name, followed by the wildcard designator, followed by the final few letters of the Name.

IIV AUTO MATCH INSURANCE COMPANY NAME: Enter the insurance company name to which this entry should refer.

To update or delete an auto match entry use the Enter/Edit Auto Match option from the IIV Menu [IBCNE IIV MENU].

Below is an example of maintaining the Auto Match file (#365.11) using the update capability.

```
Select Patient Insurance Menu Option: IIV Menu


   AB     Add Auto Match Entries Using Insurance Buffer Data
   AE     Enter/Edit Auto Match Entries
   EI     Request Electronic Insurance Inquiry
   LR     IIV Payer Link Report
   PR     IIV Payer Report
   RR     IIV Response Report
   SR     IIV Statistical Report
 Select IIV Menu AE  Enter/Edit Auto Match Entries

              Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by linking together a valid, correct Insurance Company
name with an incorrect entry that an insurance verifier may enter during data entry.

Select an Auto Match Entry: ??

   Choose from:
   AETNA CONEDISON       is linked with AETNA CON-EDISON
   HUMANA EMP*           is linked with HUMANA EMPLOYERS HEALTH
   SU*CARE              is linked with SUMMCARE

        You may enter a new IIV AUTO MATCH, if you wish
        This field is the entered name for the insurance company.  This
        value holds the 'incorrect' insurance company name which needs
        to get corrected and replaced with the valid insurance company
        name.  Typical values in this field will include common
        spelling mistakes and incorrect insurance company names.  Also
        allowed here is the "*" wildcard character.  Any entry with a
        wildcard character must also contain at least 4 non-wildcard
        characters.  Multiple asterisks are allowed here.

Select an Auto Match Entry: SU*CARE     SUMMCARE
         ...OK? Yes// Y  (Yes)

AUTO MATCH VALUE: SU*CARE// SU*CA*

 For your information, the following insurance company names and
 synonyms passed a pattern match on 'SU*CA*':

   SUMMACARE (Synonym for SUMMCARE)
   SUMMCARE
   SUN HEALTHCARE GROUP, INC

INSURANCE COMPANY NAME: SUMMCARE// <Enter>

   SU*CA* is now linked with SUMMCARE.
```

Figure 5-9 Updating an Existing Entry in the Auto Match File

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select an AUTO MATCH ENTRY: Enter the misspelled Insurance Company Name whose auto match entry you would like to select. (Entered Name)

AUTO MATCH VALUE: Enter the revised misspelled Insurance Company Name if you would like to change it. Otherwise, press the <Enter> key to keep the original misspelled Insurance Company name.

INSURANCE COMPANY NAME: Enter the new correct insurance company that you want linked to the misspelled Entered Name. Otherwise, press the <Enter> key to keep the original Insurance Company name.

To delete an existing entry from the Auto Match file (#365.11), select the same option as if you were adding or updating a new entry, Enter/Edit Auto Match Entries [IBCNE Auto Match Enter/Edit]. When prompted to update the selected auto match entry you must enter the "@" symbol to tell the system to delete the entry.

The following screen provides an example of an Auto Match deletion.

```
Select Patient Insurance Menu Option: IIV  IIV Menu


   AB     Add Auto Match Entries Using Insurance Buffer Data
   AE     Enter/Edit Auto Match Entries
   EI     Request Electronic Insurance Inquiry
   LR     IIV Payer Link Report
   PR     IIV Payer Report
   RR     IIV Response Report
   SR     IIV Statistical Report
Select IIV Menu AE Enter/Edit Auto Match Entries

   Choose from:
   AETNA CONEDISON     is linked with AETNA CON-EDISON
   HUMANA EMP*         is linked with HUMANA EMPLOYERS HEALTH
   SU*CA*              is linked with SUMMCARE

        You may enter a new IIV AUTO MATCH, if you wish
        This field is the entered name for the insurance company.  This
        value holds the 'incorrect' insurance company name which needs
        to get corrected and replaced with the valid insurance company
        name.  Typical values in this field will include common
        spelling mistakes and incorrect insurance company names.  Also
        allowed here is the "*" wildcard character.  Any entry with a
        wildcard character must also contain at least 4 non-wildcard
        characters.  Multiple asterisks are allowed here.

Select an Auto Match Entry: SU*CA*      is linked with SUMMCARE
         ...OK? Yes// Y  (Yes)

AUTO MATCH VALUE: SU*CA*// @
   SURE YOU WANT TO DELETE THE ENTIRE 'SU*CA*' IIV AUTO MATCH? Y  (Yes)

   This entry has been deleted.

Select an Auto Match Entry:
```

Figure 5-10 Deleting an Entry from the Auto Match File

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select an AUTO MATCH ENTRY: Enter the misspelled Insurance Company Name whose auto match entry you would like to select.

AUTO MATCH VALUE: Enter the "@" symbol.

Sure you want to delete the entire IIV AUTO MATCH?: Enter Yes to delete the entry, otherwise enter No.

Adding Auto Match Entries Based on Entries in the Current Buffer File

One may add entries into the auto match file (#365.11) based on the current entries in the Insurance Buffer file. This is accomplished by using the Add Auto Match Entries Using Insurance Buffer Data [IBCNE Auto Match Buffer] option from the IIV Menu [IBCNE IIV MENU].

The following screen is the main screen that displays Insurance Buffer entries whose Buffer Insurance Company name could not be matched to an Insurance Company name in the Insurance Company file (#36), or a Synonym, or an Auto Match entry.

In the example in Figure 5-10, an insurance verifier typed in the insurance company name as "SUMMMCARE" in the insurance buffer application. Once this new auto match entry has been entered into the system, the system will prompt the user to correct the name to be the true name of the insurance company in the Insurance Company file (#36).

```
Unmatched Buffer Names        Nov 19, 2002@16:08:20          Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.
_____________________________________________________________________________

   1  AETTTNA
   2  MAIL HANDL
   3  MAIL HANDLER
   4  USAA
   5  SUMMMCARE

          Enter ?? for more actions
  Select Entry              Auto Match Enter/Edit     Exit
Select Action: Quit// S   Select Entry
Select Entry:  (1-1): 5

Select an Auto Match Entry: SUMMMCARE// <Enter>

 For your information, the following insurance company names and
 synonyms passed a pattern match on 'SUMMMCARE':

   SUMMACARE (Synonym for SUMMCARE)
   SUMMCARE
   SUN HEALTHCARE GROUP, INC

  Are you adding 'SUMMMCARE' as a new IIV AUTO MATCH (the 4TH)? No// Y  (Yes)
   IIV AUTO MATCH INSURANCE COMPANY NAME: SUMMCARE
      1   SUMMCARE
CHOOSE 1-1: 1

   SUMMMCARE is now linked with SUMMCARE.
```

Figure 5-10 Unmatched Insurance Buffer Company Names

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

Select Action: Enter the action "Select Entry" to proceed to the Select Entry prompt, which will allow the user to choose a listed Insurance Company Name. The list is comprised of misspelled Insurance Company names that the system found in an insurance buffer entry. Enter the action "Auto Match Enter/Edit" to go to the Enter/Edit Auto Match option, which was described earlier in this section of the document. Enter the action "Exit" to return to the IIV menu [IBCNE IIV Menu]**.**

If the user selected "Select Entry" at the Select Action prompt:

Select Entry: Enter the number corresponding to the row of the entry that the user would like to select.

Auto Match Entry: The name corresponding to the previously selected number defaults. The user may accept this default as the Entered Name by pressing the <Enter> key, otherwise the user may revise the Entered Name to make it more generic, perhaps by adding a wildcard "*".

WARNING: If the user is not asked if this should be added as a new entry…

- Then the revised Entered Name that the user just typed is already an existing Auto match entry and they are about to update the existing entry rather than create a new one.
- Then the revised Entered Name will not correct the problem of the misspelled insurance company entry that the user selected.

WARNING: If the user is asked if they want to add this as a new entry and the user had revised the Entered Name, it does not necessarily mean that the user has corrected the problem of the selected misspelled insurance company entry.

IIV AUTO MATCH INSURANCE COMPANY NAME: Enter the insurance company name that you would like the misspelled insurance company name to reference.

Checking Insurance Buffer Company Names

The new action Check Ins Co.'s has been added to the insurance buffer screen in an effort to match the user's entered insurance company name in the insurance buffer file to a proper insurance name. This is so that VistA will understand what insurance company the user is referring to. This action is another method of accessing the same function as the Add Auto Match Entries Using Insurance Buffer Data [IBCNE Auto Match Buffer] option from the IIV Menu [IBCNE IIV MENU] which is described a few paragraphs above.

To view entries in the insurance buffer, select the Process Insurance Buffer menu option from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU].

The following screen shows the new Check Ins Co's action which is used to compare all the insurance company names from the Insurance Buffer List screen to the insurance file and auto match file.

```
Insurance Buffer List         Apr 12, 2002@09:58:39          Page:    1 of   1
```

```
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
1   !IBPATIENT1,ONE     0001  AETTTNA           000000001   PreR  01/01/01
2   !IBPATIENT2,TWO     0002  MAIL HANDL        000000002   PreR  01/01/00
3   !IBPATIENT3,THREE   0003  MAIL HANDLER      000000003   PreR  01/01/00  i   H
4   !IBPATIENT4,FOUR    0004  USAA              000000004   PreR  01/01/00  i



+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry        Add Entry           Check Ins Co's
Select Action: Exit//
```

Figure 5-11 New Action to Check Insurance Company Names in the Insurance Buffer

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Field

Select Action: Select Check Ins Co's to Check Insurance Company Names in the Insurance Buffer.

The following screenshot shows the user checking the validity of the insurance company names.

```
Insurance Buffer List         Apr 12, 2002@09:58:39          Page:    1 of   1
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name            Insurance Company  Subscr Id   Src   Entered   iIEYH
1   !IBPATIENT1,ONE     0001  AETTTNA           000000001   PreR  01/01/01
2   !IBPATIENT2,TWO     0002  MAIL HANDL        000000002   PreR  01/01/00
3   !IBPATIENT3,THREE   0003  MAIL HANDLER      000000003   PreR  01/01/00  i   H
4   !IBPATIENT4,FOUR    0004  USAA              000000004   PreR  01/01/00  i


+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry        Add Entry           Check Ins Co's
Select Action: Exit// Check Ins Co's




Unmatched Buffer Names        Nov 20, 2002@09:45:46          Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.
_____________________________________________________________________________

   1  AETTTNA
   2  MAIL HANDL
   3  MAIL HANDLER
   4  USAA



         Enter ?? for more actions
  Select Entry             Auto Match Enter/Edit     Exit
Select Action: Quit//
```

Figure 5-12 Request List of Invalid Insurance Company Names

Each buffer entry that fails to make any match to an entry in the Insurance company file (#36) or the Auto Match file (#365.11) is presented to the user.

As described earlier in this section, VistA allows the user to select the entry's insurance company name and to introduce a new auto match pair that uniquely assigns the entry's company name to a unique company name in the insurance files. This listing that is presented to the user is identical to the results of the new menu option Add Auto Match Entries Using Insurance Buffer Data [IBCNE Auto Match Buffer]. Please refer to the section, Adding Auto Match Entries Based on Entries in the Current Buffer File, for more details regarding this option.

Changing a Company Name in the Insurance Buffer

Auto Match entries can also be created when the user changes an insurance buffer entry's insurance company name in the insurance buffer edit screen. When a user changes the existing insurance company name that is listed on an insurance buffer entry VistA asks the user whether to keep track of the original typed name and new name as an auto match entry. If so, the original typed insurance company name is treated as the Entered Name and the new insurance company name is considered the Proper Name. The user is then offered the opportunity to modify the Entered Name, possibly to make it more general which may or may not mean adding wildcard characters "*".

VistA warns the user if the Proper Name matches an insurance company name's synonym and not the company's name, or the Name matches more than one synonym and company name. The warning explains what the matches are so that the Proper Name can be corrected appropriately.

To view entries in the insurance buffer, select the Process Insurance Buffer menu option from the Patient Insurance Menu [IBCN INSURANCE MGMT MENU].

In order to edit the insurance company name that is found on an insurance buffer entry, use the Expand Entry action from the Insurance Buffer List screen. The list of actions is at the bottom of the following screen.

```
Insurance Buffer List          Apr 12, 2002@09:58:39          Page:    1 of   1
Buffer File entries not yet processed.   (sorted by Patient Name)
    Patient Name             Insurance Company  Subscr Id   Src   Entered   iIEYH
1   !IBPATIENT1,ONE    0001  UNITED HEALTH CAR  000000001   PreR  01/01/02
2   !IBPATIENT2,TWO    0002  CHAMPVA            000000002   PreR  01/01/02
3   !IBPATIENT3,THREE  0003  CIGNA              000000003   PreR  01/01/02  i   H
4   !IBPATIENT4,FOUR   0004  BLUE CROSS OF CAR  000000004   PreR  01/01/02  i
5    IBPATIENT42,ONE   1111  AEETNA             000001111   PreR  09/08/02  i


+         Enter ?? for more actions
   Process Entry    EE Expand Entry        Sort List        X  Exit
   Reject Entry       Add Entry            Check Ins Co's
Select Action: Exit// EE  Expand Entry
```

Figure 5-13 Select Expand Entries to Edit the Insurance Company Name

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Field

SELECT ACTION: Enter "EE" to select Expand Entry to Edit the Insurance Company Name

Below is an example of a user changing an insurance company name from the insurance buffer edit screen. Notice that the software gives the user the opportunity to add the change as a new entry into the Auto Match file (#365.11). In addition, note that AETNA U* is an auto match for AETNA US HEALTHCARE.

```
Insurance Buffer Entry        Nov 20, 2002@10:49:04          Page:    2 of    3
IBPATIENT42,ONE                   000-00-1111    DOB: XXX XX,1932    AGE: 70
           Buffer entry created on 09/08/02 by INTERFACE,IB IIV (eIIV)



                         Insurance Company Information
    Name: AETNAE HEALTHCARE                  Reimburse?:
   Phone:                                 Billing Phone: 800-227-7789
                                          Precert Phone: 1-800-227-7789
 Address:

                             Group/Plan Information
   Group Plan?:                                    Require UR:
    Group Name: PLAN F                          Require Amb Cert:
  Group Number: PLAN F                          Require Pre-Cert:
  Type of Plan:                                 Exclude Pre-Cond:
                                          Benefits Assignable:

                         Policy/Subscriber Information
+         Enter ?? for more actions
    Insurance Co Edit         Group/Plan Edit           Patient Policy Edit
    All Edit                  Verify Entry          X   Exit
Select Action: Next Screen// INS   Insurance Co Edit

----------------------- INSURANCE COMPANY INFORMATION ------------------------

INSURANCE COMPANY NAME: AETNAE HEALTHCARE// AETNA US
      1   AETNA LIFE AND CASUALTY                AETNA US HEALTHCARE
      2   AETNA US HEALTHCARE
CHOOSE 1-2: <return>

Results of Auto Match search

  Insurance Company Name           Auto Match Value
  ----------------------           ----------------
  AETNA US HEALTHCARE              AETNA U*

Would you like to select this insurance company? Yes//   YES

Do you want to add an Auto Match entry that links
AETNAE HEALTHCARE with AETNA US HEALTHCARE? No// YES


AUTO MATCH VALUE: AETNAE HEALTHCARE// <return>

   AETNAE HEALTHCARE is now linked with AETNA US HEALTHCARE.
```

Figure 5-14 Changing the Company Name in the Insurance Buffer

The user may enter "^" at any prompt to return to the Insurance Buffer Entry.

The user may enter "?" at any input prompt to receive help text referring to the current prompt. Entering "??" at some input prompts will display additional help text.

User Input Fields

SELECT ACTION: Select Insurance Co Edit

INSURANCE COMPANY NAME: Enter an Insurance Company Name or the initial part of an insurance company name. Insurance Company Names must be 3 to 30 characters in length.

CHOOSE 1-N: Select a number that corresponds to an insurance company name or press <RETURN> to see more options.

DO YOU WANT TO ADD AN AUTO MATCH ENTRY THAT LINKS XXXX WITH XXXX?
Select YES to create a new Auto Match Entry.

SECTION 6 – IIV REPORTS

Introduction

There are five IIV-related reports. An explanation and instructions for each report are described in this section. To access the first three IIV Reports, select the IIV Menu [IBCNE IIV Menu] option from the Patient Insurance menu [IBCN INSURANCE MGMT MENU]. The remaining two IIV Reports can be found under the Potential New Insurance Found option [IBCNE POTENTIAL NEW INS FOUND] from the IIV Menu.

IIV Response Report

This report is used to view the data that was received by the IIV process. A user can select to report on responses based on a date range of when the response was received by IIV or by a Trace #.

The date range report type allows the user to view responses associated with a specific payer or all payers. The user can also specify if they want to view responses associated with a specific patient or all patients. In addition, the user can select to view all responses or just the IIV responses that were most recently received by the payer. For example, there may be two separate responses that were received by VistA on April 3, 2002, for Smith, John, who has coverage with Aetna. The report provides the user with the flexibility to filter out and display the recent message only, if they so choose.

Alternatively, the user can select to report on a single response by selecting a Trace # report type and entering a unique TRACE NUMBER (#365,.09). A Trace Number is a new concept that is being introduced to VistA with the IIV software. A trace number is how a user can identify which response they are referring to, when talking to the IIV help desk. The trace number is found on the IIV Response Report [IBCNE IIV RESPONSE REPORT] and on insurance buffer entries, which correspond to the payer's response. Once a payer has responded to an insurance inquiry, one can view the Trace Number on an insurance buffer entry by using the 'Expand Entry' action from the 'Process Insurance Buffer' option. (See Section 3 Insurance Buffer – Expand Entry)

Select the IIV Response Report [IBCNE IIV RESPONSE REPORT] option, from the IIV Menu [IBCNE IIV Menu].

VistA displays a menu with the two options for gathering the data used in the report: Report by Date Range, or Report by Trace #. In the following example, the Report by Date Range option is chosen. The screen printout identifies the prompts and user input required to generate a report by this option. For prompts where no input is required (i.e. the user accepts the default input that is presented), the <Enter> command is inserted. An explanation for each prompt appears after the screen print.

```
IIV Response Report

Insurance verification and identification responses are received daily.
Please select a date range in which responses were received to view the
associated response detail.  Otherwise, select a Trace # to view specific
response detail.

     Select one of the following:

          1         Report by Date Range
          2         Report by Trace #

Select the type of report to generate: 1// <Enter>


1  Report by Date Range
```

```
Start DATE:  1/1/2003  (JAN 01, 2003)
  End DATE:  T  (MAY 07, 2004)

      Payer or <Return> for All Payers: <Enter>

  Patient or <Return> for All Patients: <Enter>

     Select one of the following:

          A         All Responses
          M         Most Recent Responses

Select the type of responses to display: A// <Enter> All Responses

     Select one of the following:

          1         Payer Name
          2         Patient Name

Select the primary sort field: 1// <Enter> Payer Name
DEVICE: HOME// <Enter>  VIRTUAL TELNET LINK

Compiling report data ...
```

Figure 6-1 IIV Response Report by Date Range Input

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a prior input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

All dates for the IIV Response Report use the same format.

Examples of Valid Dates

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.

User Input Fields

SELECT THE TYPE OF REPORT TO GENERATE: Select 1 to generate the report by date range, specified payer(s), and specified patient(s). Select 2 to generate the report for a specific Trace # which corresponds to a unique response. The default value for the Report Type is 1 (date range).

START DATE: Enter a valid date for which an IIV Response would have been received. Entering "??" at any date prompt will list the valid date formats. There is no default value here.

END DATE: Enter a valid date for which an IIV Response would have been received. There is no default value here.

PAYER OR <RETURN> FOR ALL PAYERS: Enter a string to identify a specific payer or accept the default by pressing <Return> to report on all payers.

PATIENT OR <RETURN> FOR ALL PATIENTS: Enter a string to identify a specific patient or accept the default by pressing <Return> to report on all patients.

SELECT RESPONSES TO VIEW: Select All Response to create a report that displays all responses from the payer during the user specified date range for the selected patient(s). Alternatively, select "Most Recent" to display only the most recently received responses from the payer during the user specified date range for the selected patient(s).

SELECT THE PRIMARY SORT FIELD: Select 1 (Payer) or 2 (Patient) to list the report records in alphabetical order by patient or payer. The default value here is 1(Payer).

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal screen.

The following screen displays a potential output of this report.

```
 IIV Response Report                              May 07, 2004@08:21:33  Page: 2
Sorted by: Payer Name                                 Responses Displayed: All
                           01/01/2003 - 05/07/2004
                                  All Payers
                                 All Patients

  Payer: AETNA1 US HEALTHCARE (PHASE III)
Patient: IBPATIENT45,ONE (SSN: xxx-xx-0028  DOB: XX/XX/1969)

     Subscriber: IBPATIENT45,ONE
  Subscriber ID: 000000028                Subscriber DOB: XX/XX/1969
 Subscriber SSN: 000-00-0028              Subscriber Sex: M
     Group Name: FED RESERVE BANK/NY            Group ID: 0091
Whose Insurance: VETERAN               Pt Rel to Insured: PATIENT
      Member ID: 00000012                          COB:
   Service Date: 01/01/2004               Date of Death:
 Effective Date: 01/01/2000            Certification Date:
Expiration Date:                        Verification Date:
  Response Date: 01/18/2004                   Trace #: 9999969973


Enter RETURN to continue or '^' to exit:


IIV Response Report                              May 07, 2004@08:21:35  Page: 3
Sorted by: Payer Name                                 Responses Displayed: All
                           01/01/2003 - 05/07/2004
                                  All Payers
                                 All Patients

  Payer: AETNA1 US HEALTHCARE (PHASE III)
Patient: IBPATIENT45,ONE (SSN: xxx-xx-0028  DOB: 01/01/1969)

Error Information:

 Error Condition: Provider Ineligible for Inquiries
    Error Action: Please wait 10 days and resubmit

       Inquiry will be automatically resubmitted on 01/28/2004.
                         *** END OF REPORT ***
```

Figure 6-2 IIV Response Report by Date Range (Output)

The IIV Response Report also allows users to report on a single response by a unique TRACE NUMBER (#365,.09).

The following screen shows how a user may select a response report by Trace Number.

```
IIV Response Report

Insurance verification and identification responses are received daily.
Please select a date range in which responses were received to view the associated response detail.
Otherwise, select a Trace # to view specific response detail.

     Select one of the following:

          1         Report by Date Range
          2         Report by Trace #

Select the type of report to generate: 1// 2  Report by Trace #

Enter Trace # for report: ?
 Answer with IIV RESPONSE TRACE NUMBER
 Do you want the entire IIV RESPONSE List? Y  (Yes)
   Choose from:
   9999994564   IBPATIENT8,EIGHT  AETNA1 US HEALTHCARE (PHASE III)
   9999999000   IBPATIENT2,FOUR   AETNA1 US HEALTHCARE (PHASE III)
   9999999111   IBPATIENT45,ONE   AETNA1 US HEALTHCARE (PHASE III)
   9999999222   IBPATIENT45,ONE   AETNA1 US HEALTHCARE (PHASE III)

Enter Trace # for report: 9999999000    IBPATIENT2,FOUR  AETNA1 US HEALTHCARE (PHAS
E III)
         ...OK? Yes//   (Yes)

DEVICE: HOME//   VIRTUAL TELNET LINK


Compiling report data ...
```

Figure 6-3 IIV Response Report by Trace # Input

User Input Fields

SELECT THE TYPE OF REPORT TO GENERATE: Select 1 to generate the report by date range, specified payer(s), and specified patient(s). Select 2 to generate the report for a specific Trace # which corresponds to a unique response.

ENTER TRACE # FOR REPORT: Enter a unique IIV Response TRACE NUMBER (#365,.09). Enter "?" to list all valid IIV Response Trace Numbers.

The following screen displays an example of the Response Report by Trace # output.

```
IIV Response Report by Trace #                  Jul 13, 2004@14:34:38  Page: 1
                             Trace #: 9999999000

   Payer: AETNA1 US HEALTHCARE (PHASE III)
 Patient: IBPATIENT2,FOUR  (SSN: xxx-xx-0024  DOB: XX/XX/1928)

      Subscriber: IBPATIENT2,FOUR
   Subscriber ID: 000000024                Subscriber DOB: XX/XX/1928
  Subscriber SSN: 000000024                Subscriber Sex: M
      Group Name: DUPONT RETIREE                 Group ID: 0091
 Whose Insurance: VETERAN               Pt Rel to Insured: PATIENT
       Member ID: 000000024                         COB:
    Service Date: 01/01/2004                Date of Death:
  Effective Date: 01/01/1998            Certification Date:
 Expiration Date:                        Verification Date:
   Response Date: 01/02/2004                  Trace #: 9999999000

 Eligibility/Benefit Information:

 IIV has determined that this patient's policy is Active.

   Service Type: Vision (Optometry)
     Coverage Level: Family
        Plan Coverage Description: Vision One Discount Applies

  In-Plan-Network: YES
   Service Type: Vision (Optometry)
     Coverage Level: Family
        $50.00,  Quantity: 24 Month
        Time Period: Remaining,  $50.00
        Time Period: Day,  $10.00
                           *** END OF REPORT ***
```

Figure 6-4 IIV Response Report by Trace # (Output)

IIV Payer Report

The IIV Payer report [IBCNE IIV PAYER REPORT] is used to monitor the communication between VistA and the payers, including the types of error and warning messages that are received by VistA from the different payers. The report lists, by payer, the following counts:

- The number of inquiries generated
- The number of days it takes a payer to respond to an insurance inquiry/request
- The number of pending inquiries on 1st transmission attempt
- The number of pending inquiries with retries
- The number of communication failures
- The number of inquiries that have been rejected or approved (Note: Approval does not represent confirmation of eligibility nor does rejection indicate denial of eligibility)
- The kinds of rejections that VistA receives (Note: Rejection does not reflect eligibility)

When VistA sends an insurance inquiry to the payer and does not receive a response within a designated number of days the IIV software will attempt to resend the inquiry to the payer, thus a 'retry' occurs. Once the IIV software has reached its allotted number of retries, VistA records the fact that the communication to the payer has failed, thus a 'Communication Failure'. Reported Communication Failures on a given day's report may be listed as Approved or Rejected inquiries on subsequent day's reports. This is due to the fact that a response to an insurance inquiry may still be received after the inquiry was determined to be a communication failure, in other words, the payer took longer to respond then the software allotted.

To run the report, select the IIV Payer Report [IBCNE IIV PAYER REPORT] option from the IIV Menu [IBCNE IIV Menu].

When running the report, the user is prompted for different input values. Many of the prompts have default values and the user needs only to hit "Enter" to accept the default value and advance to the next prompt or action.

The following screen displays the Payer Report input.

```
Select IIV Menu Option:  PR  IIV Payer Report

IIV Payer Report

Insurance identification and verification inquiries are created daily.
Select a date range in which inquiries were created by the eIIV extracts.

Start DATE:  5/1  (MAY 01, 2002)
  End DATE:  6/30  (JUN 30, 2002)

      Payer or <Return> for All Payers:<Enter>
Include Rejection Detail? N// YES

     Select one of the following:

          1         Payer
          2         Total Inquiries

Select the Primary Sort field: 1// <Enter> Payer Name

*** This report is 132 characters wide ***

DEVICE: HOME//0;132
```

Figure 6-5 IIV Payer Report (Input)

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" after the date range has been specified, the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a previous input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

All dates for IIV Payer Report [IBCNE IIV PAYER REPORT] use the same format.

User Input Fields

Start DATE: Enter a valid date for which an IIV Inquiry would have been created. Entering "??" at any date prompt will list the valid date formats.

End DATE: Enter a valid date for which an IIV Inquiry would have been created.

PAYER OR <RETURN> FOR ALL PAYERS: Enter a string to identify a specific payer or accept the default by pressing <Return> to report on all payers.

Include Rejection Detail: Select YES to include specific rejection details beneath each payer subtotal in the report. Select NO to exclude the rejections details from the report. The default value for the "Include Rejection Detail" prompt is NO.

Select the Primary Sort field: Select 1 (Payer) or 2 (Total Inquiries) to list the report records in alphabetical order by patient or payer. The default value for the Primary field is 1(Payer).

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal.

The following example shows the output of this report.

```
 IIV Payer Report                                                                                    Mar 24, 2003@11:56:25  Page: 1
Sorted by: Payer                                                                                      Rejection Detail:  Included
                                                  05/01/2002 - 06/30/2002
                                                        All Payers

                                                                  ***** SENT *****  *** RECEIVED ***  AvgResp
Payer [Inactive Date]                        Created   Cancel   Queued  1st Att    Retry     Good    Error   (Days)  Timeout  Pending
=============================================================================================================================================
Certification Payer 1                             21        0        0       21       19        1        3     1.50        0       37
                                             Rejection Detail                                          -------
                                              44-Invalid/Missing Provider Name                                1
                                              62-Date of Service Not Within Allowable Inquiry Perio           1
                                              73-Invalid/Missing Subscriber/Insured Name                      1
                                              ================================================================================
Grand Totals                                      21        0        0       21       19        1        3     1.50        0       37
                                             Rejection Detail                                          -------
                                              44-Invalid/Missing Provider Name                                1
                                              62-Date of Service Not Within Allowable Inquiry Perio           1
                                              73-Invalid/Missing Subscriber/Insured Name                      1
=============================================================================================================================================
                                                       *** END OF REPORT ***
```

Figure 6-6 IIV Payer Report (Output)

IIV Statistical Report

The IIV Statistical report [IBCNE IIV STATISTICAL REPORT] is used to monitor the IIV process including statistics based on outgoing inquiries, incoming responses, pending responses, queued inquiries and other measures. This report should be monitored on a daily basis as it provides users the ability to detect IIV communication problems with Austin in addition to potential problems in the configuration of the IIV Site Parameters. Also, it provides users with a quick view of new IIV associated payers and a summary of the insurance buffer entries.

This report is the same one that is distributed daily as a MailMan message to those in the pre-determined mail group that is named in the general parameters section of the IIV Site Parameter table of VistA. (See Section 1 Site Parameters). The report sent via MailMan covers the most recent 24 hours using the defaults to the user prompts minus the detail about the individual insurance companies. The MailMan message is only sent if the Site Parameters is set up to allow that occurrence.

As with the other IIV reports, the user is prompted for different input values.

To run the IIV Statistical Report, select the IIV Statistical Report [IBCNE IIV STATISTICAL REPORT] option from the IIV Menu [IBCNE IIV MENU].

The following screen displays the Statistical Report input:

```
Select IIV Menu Option: SR  IIV Statistical Report



IIV Statistical Report

Please select the timeframe for which to view the Insurance Identification
and Verification statistics and current status.

Start DATE/TIME:  7/1@1300  (JUL 01, 2004@13:00)
  End DATE/TIME:  7/2@1300  (JUL 02, 2004@13:00)

Choose all sections to be reviewed
1  -  All            = All three report sections (Default)
2  -  Outgoing Data  = Inquiry Transmission statistics
3  -  Incoming Data  = Inquiry Response statistics
4  -  Current Status = Pending Responses, Queued Inquiries, etc.
```

```
Select one or more sections: :  (1-4): 1// <Enter>
DEVICE: HOME//   VIRTUAL TELNET LINK
```

Figure 6-7 IIV Statistical Report (Input)

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^", assuming that the date range has been specified, the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a previous input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

All dates for IIV Statistical Report [IBCNE IIV STATISTICAL REPORT] use the same format.

User Input Fields

Start DATE/TIME: Enter Start DATE/TIME for report range in the format listed above.

End DATE/TIME: Enter End DATE/TIME for report range in the format listed above.

Select section(s): (1-4): Select which sections to display in the report. Selecting 1 will include all three sections. The selection input field defaults to 1 (All three report sections).

Outgoing Data - This section displays statistics indicating the number of insurance inquiries that were created by IIV for the selected date range. These inquiry totals are broken out by the data extract type that created the inquiry, which includes:

- Insurance Buffer
- Appointment (Pre-registration)
- Non-verified insurance
- No active insurance

Incoming Data – This section displays statistics indicating the number of payer insurance responses that were received by VistA in response to VistA's insurance inquiries for the selected date range. These payer response totals are also broken out by the data extract type that created the associated inquiry, which is the same as those for Outgoing Data.

Current Status - This section displays various current statistics that are independent of the selected date/time range. These statistics include the following:

- Number of responses pending – insurance inquiries sent to payers but have not received a response as of yet
- Number of inquiries queued – insurance inquiries that are waiting to be transmitted from VistA to the payers (sometimes referred to as a backlog of IIV inquiries)
- Number of inquiries deferred – insurance inquiries ready to be transmitted from VistA to the payer sometime in the future (These inquiries are waiting for a particular date before they can be transmitted to the payer.)
- Number of Insurance companies without a National ID - Includes active insurance companies only

- Number of Payers disabled locally – Payers that are Nationally active but have been disabled locally at the site (See Section 2 Payers - Payer Edit (Activate/Inactivate) for directions on how to activate a payer locally.)
- Number of Buffer entries – Total number of insurance buffer entries with a status of 'ENTERED'.
- Number of User Action Required entries – Total number of insurance buffer entries that have been either been verified by a user or eIIV needs user assistance to finish processing the entry for one reason or another.
- Number of Entries Awaiting Processing –- Total number of insurance buffer entries that IIV has not finished its attempt to confirm the insurance information..

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal screen.

The following screen shows the output of this report.

```
IIV Statistical Report                          July 2, 2004@15:18:42  Page: 1
                              Report Timeframe:
                       07/01/2004 13:00 - 07/02/2004 13:00

 Outgoing Data
 ==============
 Inquiries Sent:                          68
   Insurance Buffer                                10
   Appointment (Pre-Registration)                  15
   Non-verified Insurance                          23
   No Active Insurance                             20


 Incoming Data
 ==============
 Responses Received:                      60
   Insurance Buffer                                10
   Appointment (Pre-Registration)                  14
   Non-verified Insurance                          22
   No Active Insurance                             14

Enter RETURN to continue or '^' to exit:


 IIV Statistical Report                          Aug 30, 2004@12:18:45  Page: 2
                              Report Timeframe:
                       07/01/2004 13:00 - 07/02/2004 13:00

 Current Status
 ==============
 Responses Pending:                        8
 Queued Inquiries:                        57
 Deferred Inquiries:                       0
 Insurance Companies w/o National ID:   1292
 eIIV Payers Disabled Locally:             0

 Insurance Buffer Entries:               235
   User Action Required:                           215
     # of * entries (User Verified policy)                    19
     # of + entries (Payer indicated Active policy)           24
     # of - entries (Payer indicated Inactive policy)          7
     # of # entries (Policy status undetermined)              39
     # of ! entries (IIV needs user assistance for entry)    126
   Entries Awaiting Processing:                     20
     # of ? entries (IIV is waiting for a response)           16
     # of blank entries (yet to be processed or accepted)      4


Current Status
 ==============
```

```
New eIIV Payers received during report date range:
  Please link the associated active insurance companies to these payers at your
  earliest convenience.  Locally activate the payers after you link insurance
  companies to them.  For further details regarding this process, please refer
  to the Integrated Billing IIV Interface User Guide.
    AETNA
    CIGNA
                          *** END OF REPORT ***
```

Figure 6-8 IIV Statistical Report (Output)

IIV Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance eligibility communications via the IIV software, the Insurance Company needs to be linked to an appropriate payer from the National EDI Payer list. The National EDI Payer list contains the names of the payers that are currently participating with the IIV process.

The IIV Payer Link Report provides information based on the relationship that the users set up in VistA between the insurance companies and the payers. This report can assist with finding insurance companies that are linked to the wrong payer. Also, the report can assist with finding unlinked insurance companies or payers, which can subsequently be linked through the INSURANCE COMPANY EDIT option.

The IIV Payer Link Report provides two report options:

1) Payer List – can provide the following:
   a) A summary of one or all IIV payers and a count of how many insurance companies are linked to each payer
   b) A detailed report of one or all IIV payers and which specific insurance companies are linked to each payer
   c) A summary of one or all IIV payers that do not have any insurance companies linked to them

2) Insurance Company List – can provide the following:
   a) A detailed report showing specific insurance companies that are not linked to a payer
   b) A detailed report showing specific insurance companies that are linked to a payer and basic information about that payer
   c) A detailed report showing specific insurance companies and which payer they are linked to, if any

IIV Payer Link Report (Report Option: Payer List)

The Payer List reflects payer to insurance company links. Please note that a payer may be linked to no insurance company or one or more insurance companies. It can be sorted in various ways and reflects the following information:

- Report Option
- Payer Name
- National Payer ID
- # Linked Ins. Co. (# of Linked Insurance Companies)
- Nationally Active? (Payer related)
- Locally Active? (Payer related)
- Prof. EDI # (Payer and Insurance Company related)
- Inst. EDI # (Payer and Insurance Company related)
- Linked Insurance Companies (Insurance Company Name and Address and / or Total #)

To run the IIV Payer Link Report (Report Option: Payer List), select the IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT] option from the IIV Menu [IBCNE IIV Menu] and then select Payer List (option 1 - default).

When running the report, the user is prompted for different input values. Many of the prompts have default values and the user needs only to hit "Enter" to accept the default value and advance to the next prompt or action.

The following screen displays IIV Payer Link Report (Report Option: Payer List) input (all defaults accepted).

```
Select IIV Menu Option: LR  IIV Payer Link Report

IIV Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the IIV software, the Insurance Company
needs to be linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the IIV process.

This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:

          1         Payer List
          2         Insurance Company List

Select a report option: 1//   Payer List



Select a Payer (RETURN for ALL Payers):

     Select one of the following:

          1         Unlinked Payers
          2         Linked Payers
          3         ALL Payers

Select the type of payers to display: 3//   ALL Payers

     Select one of the following:

          1         List linked insurance company detail
          2         Do not list linked insurance company detail

Select insurance company detail option: 1//   List linked insurance company detail

     Select one of the following:

          1         Payer Name
          2         VA National Payer ID
          3         Nationally Enabled Status
          4         Locally Enabled Status
          5         # of Linked Insurance Companies

Select the primary sort field: 1//   Payer Name

 *** This report is 132 characters wide ***

DEVICE:  HOME// 0;132  VIRTUAL TELNET LINK

Compiling report data …
```

Figure 6-9 IIV Payer Link Report (Report Option: Payer List) (Input)

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" after the date range has been specified, the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a previous input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

User Input Fields

SELECT A REPORT OPTION: Select 1 for "Payer List" (default) or 2 for "Insurance Company List". Note that documentation for the Insurance Company List is found in the next section, as some associated "Insurance Company List" prompts differ from some associated "Payer List" prompts.

SELECT A PAYER (RETURN FOR ALL PAYERS): Enter a string to identify a specific payer or accept the default by pressing <Return> to report on all payers.

SELECT THE TYPE OF PAYERS TO DISPLAY: Select 1 for "Unlinked Payers", 2 for "Linked Payers" or 3 for "All Payers" (default).

- Unlinked payers – if selected the report will display only those payers with no active insurance companies linked to it
- Linked Payers- if selected the report will display only those payers with at least one insurance company linked to it.
- ALL Payers – if selected the report will display all payer regardless if there are insurance companies linked to it or not.

SELECT INSURANCE COMPANY DETAIL OPTION: Select 1 to "List linked insurance company detail" (default) or 2 to "Do not list linked insurance company detail" (however, a total number will print).

- List linked insurance company detail – if selected the report will display the names of the insurance companies that are linked to the payer, along with the insurance company's address, and other details.
- Do not list linked insurance company detail – if selected the report will not display the individual names of the insurance companies that are linked to the payer. Instead, the report will provide a count of how many insurance companies that are linked to the payer.

SELECT THE PRIMARY SORT FIELD: Select 1 for "Payer Name" (default), 2 for "VA National Payer ID", 3 for "Nationally Enabled Status", 4 for "Locally Enabled Status" or 5 for "# of Linked Insurance Companies".

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal.

The following screen displays IIV Payer Link Report (Report Option: Payer List) output (all defaults accepted).

```
IIV Payer Link Report                          Aug 28, 2003@15:24:41  Page: 1
Report Option: Payer List                    All Payers, With Ins. Co. Detail

                          National  # Linked  Nationally  Locally  Prof.  Inst.
Payer Name:               Payer ID  Ins. Co.  Active?     Active?  EDI#   EDI#
-------------------------------------------------------------------------------
AETNA US HEALTHCARE (III) VA1          8     YES         YES
    Linked Insurance Companies:
    AETNA                              PO BOX 15040 HARTFORD, CT   888    888
    AETNA                              PO BOX 52121 MINNEAPOLI, MN
    AETNA                              PO BOX 18040 COLUMBUS, OH
    AETNA                              PO BOX 2245  BLUE BELL, PA
    AETNA                              PO BOX 18284 COLUMBUS, OH
    AETNA CON-EDISON                   P.O. BOX 499 SYRACUSE, NY
 CIGNA                    VA34          5     YES         NO       999    322
    Linked Insurance Companies:
    CIGNA                              PO BOX 10416 DES MOINES, IA 888    888
Enter RETURN to continue or '^' to exit:
```

Figure 6-10 IIV Payer Link Report (Report Option: Payer List) (Output)

IIV Payer Link Report (Report Option: Insurance Company List)

The Insurance Company List reflects insurance company to payer links. Note that an insurance company may be linked to no payer or one (and only one) payer. It reflects the following information:

- Report Option
- Insurance Company (Insurance Company Name and Address)
- VA ID (Payer related)
- Nat Act? (Nationally Active?) (Payer related)
- Loc Act? (Locally Active?) (Payer related)
- Prof. EDI # (Professional EDI #) (Insurance Company and Payer related)
- Inst EDI # (Institutional EDI #) (Insurance Company and Payer related)
- Payer (Payer Name)

To run the IIV Payer Link Report (Report Option: Insurance Company List), select the IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT] option from the IIV Menu [IBCNE IIV Menu] and then select option 2.

When running the report, the user is prompted for different input values. Many of the prompts have default values and the user needs only to hit "Enter" to accept the default value and advance to the next prompt or action.

The following screen displays IIV Payer Link Report (Report Option: Insurance Company List) input (all defaults accepted).

```
Select IIV Menu Option:  IIV Payer Link Report

IIV Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the IIV software, the Insurance Company
needs to be linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the IIV process.

This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:

          1         Payer List
          2         Insurance Company List

Select a report option: 1// 2  Insurance Company List

     Select one of the following:

          1         Unlinked insurance companies
          2         Linked insurance companies
          3         All insurance companies

Select type of insurance companies to display: 3//   All insurance companies

Enter an insurance company search keyword (RETURN for ALL): //

     Select one of the following:

          1         Insurance Company Name
          2         Payer Name
          3         VA National Payer ID
          4         Nationally Enabled Status
          5         Locally Enabled Status

Select the primary sort field: 1//   Insurance Company Name


*** This report is 132 characters wide ***

DEVICE: HOME// 0;132  VIRTUAL TELNET LINK

Compiling report data ...
```

Figure 6-11 IIV Payer Link Report (Report Option: Insurance Company List) (Input)

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" after the date range has been specified, the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a previous input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

User Input Fields

SELECT A REPORT OPTION: Select 1 for "Payer List" (default) or 2 for "Insurance Company List". Note that documentation for the Payer List is found in the previous section, as some associated "Payer List" prompts differ from some associated "Insurance Company List" prompts.

SELECT THE TYPE OF INSURANCE COMPANIES TO DISPLAY: Select 1 for "Unlinked insurance companies", 2 for "Linked insurance companies" or 3 for "All insurance companies" (default).

- Unlinked insurance companies – if selected the report will display only those insurance companies that are not currently linked to a payer.
- Linked insurance companies- if selected the report will display only those insurance companies that are currently linked to a payer.
- ALL insurance companies – if selected the report will display all insurance companies regardless if they are linked to a payer or not.

ENTER AN INSURANCE COMPANY SEARCH KEYWORD (RETURN FOR ALL): Enter RETURN for all insurance companies (default) or enter an insurance company name or partial insurance company name. Entering an insurance company name or partial insurance company name will result in insurance companies containing your input, anywhere in their name, to print. For example, if you enter BLUE, then insurance companies containing BLUE, anywhere in their name, will display on the report.

SELECT THE PRIMARY SORT FIELD: Select 1 for "Insurance Company Name" (default), 2 for "Payer Name", 3 for "VA National Payer ID", 4 for "Nationally Enabled Status" or 5 for "Locally Enabled Status".

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal.

The following screen displays IIV Payer Link Report (Report Option: Insurance Company List) output (all defaults accepted).

```
IIV Payer Link Report                          Aug 28, 2003@15:57  Page: 80
Report Option: Insurance Company List               All Insurance Companies

                                                     Nat.  Loc.  Prof.  Inst.
Insurance Company:                                   Act?  Act?  EDI#   EDI#
   Payer:                    VA ID
-------------------------------------------------------------------------------
 BLUE CROSS OF ROCHESTER(L)
         165 COURT STREET, ROCHESTER, NY 14647
    ** NOT CURRENTLY LINKED **

 BLUE CROSS OF SOUTH CAROLINA                                      8765   5432
         PO BOX 100605 STATE PROCESSING UNIT, COLUMBIA, SC 29260
   BLUE CROSS                VA23                          YES   NO    322    322

 BLUE CROSS OF SOUTH CAROLINA
         PO BOX 100300, COLUMBIA, SC 29202
   BLUE CROSS OF CAROLINA    VA19                          YES   YES   999    999

 BLUE CROSS OF SOUTH CAROLINA-L
         P.O. BOX 6000, GREENVILLE, SC 29606
   BLUE CROSS OF CAROLINA    VA19                          YES   YES   999    999

Enter RETURN to continue or '^' to exit:
```

Figure 6-12 IIV Payer Link Report (Report Option: Insurance Company List) (Output)

Suggested IIV Payer Link Usage

The IIV Payer Link Report is very flexible and can help users review their IIV configuration using the report to determine the payers in the system through a payer summary report and determine potential insurance companies to match to new payers through an insurance company keyword report.

The Payer Summary Report can be used to help identify those payers that are available, but may not have insurance companies linked to them. It can also identify those payers that have insurance companies linked to them. However, IIV will not generate insurance inquiries for theses payers due to their locally and/or nationally active setting. To generate this type of report follow the directions described below – Payer Summary Report.

Insurance Company Keyword Search - can be used to help identify those insurance companies that may need to be linked to a payer. To generate this type of report follow the directions described below – Insurance Company Keyword Search.

Payer Summary Report

In order to utilize the IIV Payer Link Report to produce a payer summary for the IIV configuration, please use the following input parameters: Select a Report Option – enter '1' (default) for Payer List, Select a Payer (Return for All Payers) – press <Return> (default) for All Payers, Select the Type of Payers to Display – enter '3' (default) for All Payers, Select the Insurance Company Detail Option – enter '2' for 'Do Not List Insurance Company Detail', Select the Primary Sort Field – enter '1' (default) for Payer Name, and finally enter the output device.

The figure below displays the proper report parameters to produce this type of report.

```
IIV Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the IIV software, the Insurance Company
needs to be linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the IIV process.

This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:

          1         Payer List
          2         Insurance Company List

Select a report option: 1// 1   Payer List



Select a Payer (RETURN for ALL Payers): <Return>

     Select one of the following:

          1         Unlinked Payers
          2         Linked Payers
          3         ALL Payers

Select the type of payers to display: 3// 3   ALL Payers

     Select one of the following:
```

```
          1         List linked insurance company detail
          2         Do not list linked insurance company detail

Select insurance company detail option: 1// 2  Do not list linked insurance comp
any detail

     Select one of the following:

          1         Payer Name
          2         VA National Payer ID
          3         Nationally Enabled Status
          4         Locally Enabled Status
          5         # of Linked Insurance Companies

Select the primary sort field: 1// 1  Payer Name


*** This report is 132 characters wide ***

DEVICE: HOME// 0;132  VIRTUAL TELNET LINK


Compiling report data ...
```

Figure 6-13 IIV Payer Link Report (Report Type: Payer Summary) (Input)

This report will display each payer in your system, the number of insurance companies linked to them, their nationally active setting, locally active setting, professional EDI# and institutional EDI #.
An example of this type of report is displayed below.

```
IIV Payer Link Report                                                    May 07, 2004@08:42:07  Page: 1
 Report Option: Payer List                All Payers, Without Ins. Co. Detail

                                  National      # Linked     Nationally     Locally     Prof.                Inst.
Payer Name:                       Payer ID      Ins. Co.     Active?        Active?     EDI#                 EDI#
-------------------------------------------------------------------------------------------------------------------
 AETNA1 US HEALTHCARE (PHASE III) VA1                1        YES            YES         23222                23222
 AMERICHOICE OF NJ (COMMERCIAL)   VA2                0        NO             NO
 BCBS LOUISIANA -                 VA3                0        NO             NO          23738
 BCBS NEW JERSEY (HORIZON) -      VA4                0        NO             NO          22099                22099
 BCBS NEW YORK (EMPIRE) -         VA5                0        NO             NO          SB803
 BCBS OF ARIZONA                  VA6                0        NO             NO          SB530                12B02
 BCBS OF MASSACHUSETTS            VA7                0        NO             NO          SB700                12B14
 BCBS OF MISSISSIPPI              VA8                0        NO             NO          SB730                12B17
 BLUE CROSS OF CALIFORNIA         VA9                0        NO             NO
 CIGNA                            VA10               0        NO             NO
 CIGNA NATIONAL                   VA11               0        NO             NO          62308                62308
 CIGNA VIRGINIA                   VA12               0        NO             NO
 COVENTRY GROUP HEALTH PLAN (GHP) VA31               0        NO             NO
 COVENTRY HEALTH AMERICA/HAPA     VA32               0        NO             NO          25126                25126
 COVENTRY HEALTH CARE CARENET     VA34               0        NO             NO
Enter RETURN to continue or '^' to exit:


 IIV Payer Link Report                                                   May 07, 2004@08:42:12  Page: 2
 Report Option: Payer List                All Payers, Without Ins. Co. Detail

                                  National      # Linked     Nationally     Locally     Prof.                Inst.
Payer Name:                       Payer ID      Ins. Co.     Active?        Active?     EDI#                 EDI#
-------------------------------------------------------------------------------------------------------------------
 COVENTRY HEALTH CARE Care CARELINK VA33              0        NO             NO          25139                25139
 COVENTRY HEALTH CARE DELAWARE CARE VA35             0        NO             NO
 COVENTRY HEALTH CARE HEALTHCARE INC VA36            0        NO             NO
 COVENTRY HEALTH CARE KANSAS-K CITY VA37             0        NO             NO          25133                25133
 COVENTRY HEALTH CARE KANSAS-WICHITA VA38            0        NO             NO          25134                25134
 COVENTRY HEALTH CARE OF DELAWARE VA39               0        NO             NO          25130                25130
 COVENTRY HEALTH CARE OF GRORGIA  VA40               0        NO             NO          25127                25127
 COVENTRY HEALTH CARE OF IOWA     VA41               0        NO             NO          25132                25132
 COVENTRY HEALTH CARE OF LOUISIANA VA42              0        NO             NO          25135                25135
 COVENTRY HEALTH CARE OF NEBRASKA VA43               0        NO             NO          25136                25136
 COVENTRY HEALTH CARE OF ST. LOUIS VA44              0        NO             NO
 COVENTRY HEALTH CARE OF USA (HCUSA) VA45            0        NO             NO
 COVENTRY OF THE CAROLINAS -WELLPATH VA61            0        NO             NO          25129                25129
 COVENTRY SOUTHERN HEALTH SVCS (SHS) VA62            0        NO             NO          25128                25128
Enter RETURN to continue or '^' to exit:


 IIV Payer Link Report                                                   May 07, 2004@08:42:14  Page: 3
 Report Option: Payer List                All Payers, Without Ins. Co. Detail

                                  National      # Linked     Nationally     Locally     Prof.                Inst.
Payer Name:                       Payer ID      Ins. Co.     Active?        Active?     EDI#                 EDI#
-------------------------------------------------------------------------------------------------------------------
 ERIN GROUP (COMMERCIAL)          VA13               0        NO             NO          23250                23250
 FAMILY HEALTH SYSTEMS (COMMERCIAL) VA14             0        NO             NO          39167                39167
```

```
 HEALTH CHOICE                  VA15          0       NO          NO
 NATIONWIDE HEALTH PLANS        VA21          0       YES         YES       31417
 OXFORD HEALTH PLANS            VA22          0       NO          NO        06111          06111
 PACIFICARE OF CALIFORNIA       VA26          0       NO          NO        95959          95959
 PACIFICARE OF OKLAHOMA         VA27          0       NO          NO        95959          95959
 PACIFICARE OF OREGON           VA28          0       NO          NO        95959
 PACIFICARE OF TEXAS            VA29          0       NO          NO        95959          95959
 PACIFICARE OF WASHINGTON       VA30          0       NO          NO        95959
 PRINCIPAL FINANCIAL GROUP      VA23          1       YES         YES       61271          61271
 TRICARE12123                   VA63          0       NO          NO
 TUFTS                          VA24          0       YES         YES
Enter RETURN to continue or '^' to exit:


 IIV Payer Link Report                                                          May 07, 2004@08:42:16  Page: 4
 Report Option: Payer List              All Payers, Without Ins. Co. Detail

                                National      # Linked    Nationally    Locally    Prof.          Inst.
Payer Name:                     Payer ID      Ins. Co.    Active?       Active?    EDI#           EDI#
-------------------------------------------------------------------------------------------------------------
 UNITED HEALTH CARE             VA25          0       YES         YES       87726          87726
                        *** END OF REPORT ***
```

Figure 6-14 IIV Payer Link Report (Report Type: Payer Summary) (Output)

Insurance Company Keyword Search

In order to utilize the IIV Payer Link Report to produce a list of insurance companies that may need to be linked to an existing payer use the Payer Link report by "Insurance Company List". This will allow one to find insurance companies using a keyword search. Please use the following input parameters: Select a Report Option – enter '2' for Insurance Company List, Select the Type of Insurance Companies to Display – enter '1' for Unlinked Insurance Companies, Enter an Insurance Company Keyword (Return for All) – enter a Payer Name like 'AETNA' to identify possible name matches for the 'AETNA' payer, Select the Primary Sort Field – enter '1' (default) for Insurance Company Name, and finally enter the output device.

The figure below displays the proper report parameters to produce this type of report.

```
IIV Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the IIV software, the Insurance Company
needs to be linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the IIV process.

This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:

          1         Payer List
          2         Insurance Company List

Select a report option: 1// 2  Insurance Company List

     Select one of the following:

          1         Unlinked insurance companies
          2         Linked insurance companies
          3         All insurance companies

Select type of insurance companies to display: 3// 1  Unlinked insurance compani
es

Enter an insurance company search keyword (RETURN for ALL): // AETNA


*** This report is 132 characters wide ***

DEVICE: HOME// 0;132  VIRTUAL TELNET LINK
```

```
Compiling report data ...
```

Figure 6-15 IIV Payer Link Report (Report Type: Unlinked Insurance Co Keyword Search) (Input)

This report will display each unlinked insurance company in your system like 'AETNA HEALTHCARE' or 'HEALTHCARE AETNA', the address of the insurance company and professional and institutional EDI #'s. This report will help to identify those insurance companies that could be linked to an AETNA payer even though their professional and institutional EDI #'s may not agree.

An example of this type of report is displayed below.

```
IIV Payer Link Report                                                                                    May 07, 2004@12:25:29  Page: 1
 Report Option: Insurance Company List        Unlinked Insurance Companies Only
 Only Insurance Companies that match: AETNA
                                                        Nat.          Loc.        Prof.               Inst.
Insurance Company:                                      Act?          Act?        EDI#                EDI#
-------------------------------------------------------------------------------------------------------------------------------------
 AETNA
        PO BOX 52121  MINNEAPOLIS, MN 55402

 AETNA
        PO BOX 18040  COLUMBUS, OH 43218

 AETNA CON-EDISON
        P.O. BOX 4998  SYRACUSE, NY 13221

 AETNA HEALTH BENEFITS
        PO BOX 7012  DOVER, DE 19903

 AETNA HEALTH PLANS
        PO BOX 171823, 3RD PARTY CLAIMS MGM  MEMPHIS, TN 38187

 AETNA HEALTH PLANS
        P.O. BOX 1002  MERRIFIELD, VA 22116

 AETNA HEALTH PLANS
        P.O. BOX 26053  GREENSBORO, NC 27420

 AETNA LIFE AND CASUALTY
        151 FARMINGTON AVE.  HARTFORD, CT 06156

                           *** END OF REPORT ***
```

Figure 6-16 IIV Payer Link Report (Report Type: Unlinked Insurance Co Keyword Search) (Output)

MailMan Summaries

VistA automatically produces a daily MailMan message to summarize the IIV activity for the preceding 24 hours if the Site Parameters is set to allow this to occur. This mail message will be sent to those in the pre-determined mail group that will be located in the general parameters section of the IIV Site Parameter table on VistA. The message is the Statistical Report for the previous 24 hours, utilizing the defaults to the user prompts to the Report.

For more explanation about the Statistical Report, refer to the previous section, IIV Statistical Report.

The following screen displays an example of a Daily IIV MailMan Message report output.

```
Subj: ** IIV Statistical Rpt **  [#13300889] 2 Jul 04 13:01  39 lines
From: INSURANCE IDENTIFICATION & VERIFICATION  In 'IN' basket.  Page 1  *New*
-------------------------------------------------------------------------------
IIV Statistical Report                          Jul 2, 2004@13:00:42  Page: 1
                              Report Timeframe:
                       07/01/2004 13:00 - 07/02/2004 13:00

 Outgoing Data
 ==============
 Inquiries Sent:                          68
   Insurance Buffer                                  10
```

```
   Appointment (Pre-Registration)                    15
   Non-verified Insurance                            23
   No Active Insurance                               20


 Incoming Data
 ==============
 Responses Received:                          60
   Insurance Buffer                                  10
   Appointment (Pre-Registration)                    14
   Non-verified Insurance                            22
   No Active Insurance                               14

Enter RETURN to continue or '^' to exit:


 IIV Statistical Report                          Jul 2, 2004@13:01:45  Page: 2
                             Report Timeframe:
                      07/01/2004 13:00 - 07/02/2004 13:00

 Current Status
 ==============
 Responses Pending:                            8
 Queued Inquiries:                            57
 Deferred Inquiries:                           0
 Insurance Companies w/o National ID:       1292
 eIIV Payers Disabled Locally:                 0

 Insurance Buffer Entries:                   235
   User Action Required:                              215
     # of * entries (User Verified policy)                    19
     # of + entries (Payer indicated Active policy)           24
     # of - entries (Payer indicated Inactive policy)          7
     # of # entries (Policy status undetermined)              39
     # of ! entries (IIV needs user assistance for entry)    126
   Entries Awaiting Processing:                       20
     # of ? entries (IIV is waiting for a response)           16
     # of blank entries (yet to be processed or accepted)      4


Current Status
 ==============

 New eIIV Payers received during report date range:
   Please link the associated active insurance companies to these payers at your
   earliest convenience.  Locally activate the payers after you link insurance
   companies to them.  For further details regarding this process, please refer
   to the Integrated Billing IIV Interface User Guide.

     AETNA
     CIGNA


                           *** END OF REPORT ***
```

Figure 6-17 Daily IIV MailMan Message Output

IIV Ambiguous Policy Report

This report will allow a user to display any ambiguous payer responses for insurance policies that the IIV software discovered while questioning payers. These policies are not necessarily contained in the patient's insurance file. Ambiguous payer responses are those responses that do not have enough information for IIV to safely determine if the policy is active or not.

The report allows the user to view ambiguous policy responses associated with a specific payer or all payers. The user can also specify if they want to view ambiguous policy responses associated with a specific patient or all patients. In addition, the user can select to view all ambiguous policy responses or just the IIV ambiguous policy responses that were most recently received by the payer. For example, there may be two

separate ambiguous policy responses that were received by VistA on April 3, 2004, for Smith, John, who has coverage with Aetna. The report provides the user with the flexibility to filter out and display the recent message only, if they so choose.

To run this report, select the IIV Ambiguous Policy Report [IBCNE IIV AMBIGUOUS POLICY RPT] option, from the Potential New Insurance Found menu [IBCNE POTENTIAL NEW INS FOUND], found in the IIV Menu [IBCNE IIV Menu].

The figure below identifies the prompts and user input required to produce this report. For prompts where no input is required (i.e. the user accepts the default input that is presented), the <Enter> command is inserted. An explanation for each prompt appears after the screen print.

```
IIV Ambiguous Policy Report

Please select a date range to view ambiguous policy information that IIV
did not file in the insurance buffer. (Date range selection is based on
the date that IIV receives the response from the payer.)

Start DATE:  1/1/2003  (JAN 01, 2003)
  End DATE:  T  (JUN 07, 2004)

      Payer or <Return> for All Payers: <Enter>

  Patient or <Return> for All Patients: <Enter>

     Select one of the following:

          A         All Responses
          M         Most Recent Responses

Select the type of responses to display: A// <Enter> All Responses

     Select one of the following:

          1         Payer Name
          2         Patient Name

Select the primary sort field: 1// <Enter> Payer Name
DEVICE: HOME// <Enter>  VIRTUAL TELNET LINK

Compiling report data ...
```

Figure 6-18 IIV Ambiguous Policy Report Input

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a prior input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

All dates for the IIV Ambiguous Policy Report use the same format.

Examples of Valid Dates

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.

User Input Fields

START DATE: Enter a valid date for which an IIV Ambiguous Policy response would have been received. Entering "??" at any date prompt will list the valid date formats. There is no default value here.

END DATE: Enter a valid date for which an IIV Ambiguous Policy response would have been received. There is no default value here.

PAYER OR <RETURN> FOR ALL PAYERS: Enter a string to identify a specific payer or accept the default by pressing <Return> to report on all payers.

PATIENT OR <RETURN> FOR ALL PATIENTS: Enter a string to identify a specific patient or accept the default by pressing <Return> to report on all patients.

SELECT RESPONSES TO VIEW: Select "All Responses" to create a report that displays all Ambiguous Policy responses from the payer during the user specified date range for the selected patient(s). Alternatively, select "Most Recent Responses" to display only the most recently received Ambiguous Policy responses from the payer during the user specified date range for the selected patient(s).

SELECT THE PRIMARY SORT FIELD: Select 1 (Payer) or 2 (Patient) to list the report records in alphabetical order by patient or payer. The default value here is 1(Payer).

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal screen.

The following screen displays a potential output of this report.

```
IIV Ambiguous Policy Report                      Jun 07, 2004@11:35:37  Page: 1
Sorted by: Payer Name                                 Responses Displayed: All
                          01/01/2003 - 06/07/2004
                                 All Payers
                                All Patients

  Payer: FAMILY HEALTH SYSTEMS (COMMERCIAL)
Patient: IBPATIENT11,ELEVEN (SSN: xxx-xx-1234  DOB: XX/XX/1942)

     Subscriber: IBPATIENT11,ELEVEN
  Subscriber ID: 000001234                Subscriber DOB: XX/XX/1942
 Subscriber SSN: 000001234                Subscriber Sex: F
     Group Name: ADAMS-MILLIS                   Group ID: 000078
Whose Insurance: VETERAN               Pt Rel to Insured: PATIENT
      Member ID: 000001234                         COB:
   Service Date: 06/01/2004                Date of Death:
 Effective Date: 10/21/2001           Certification Date:
Expiration Date:                       Verification Date:
  Response Date: 06/01/2004                  Trace #: 99999991815

 Eligibility/Benefit Information:

IIV was unable to determine the status of this patient's policy.

  Service Type: Vision (Optometry)
    Coverage Level: Family
       Plan Coverage Description: Vision One Discount Applies

 In-Plan-Network: YES
  Service Type: Vision (Optometry)
```

```
     Coverage Level: Family
        $80.00,  Quantity: 24 Month

                              *** END OF REPORT ***
```

Figure 6-19 IIV Ambiguous Policy Report (Output)

IIV Inactive Policy Report

This report will allow a user to display any inactive insurance policies that the IIV software discovered while questioning payers. These policies are not necessarily contained in the patient's insurance file.

The report allows the user to view inactive policy responses associated with a specific payer or all payers. The user can also specify if they want to view inactive policy responses associated with a specific patient or all patients. In addition, the user can select to view all inactive policy responses or just the most recent IIV inactive policy responses that were recently received by the payer. For example, there may be two separate inactive policy responses that were received by VistA on April 3, 2004, for Smith, John, who has coverage with Aetna. The report provides the user with the flexibility to filter out and display the recent message only, if they so choose.

The most critical feature of this report is the ability to define which inactive policies are included in the report based on the reported policy expiration date. This allows users the ability to search for all IIV discovered inactive policies that expired within the payer's filing timeframe.

To run this report, select the IIV Inactive Policy Report [IBCNE IIV INACTIVE POLICY RPT] option, from the Potential New Insurance Found menu [IBCNE POTENTIAL NEW INS FOUND], found in the IIV Menu [IBCNE IIV Menu].

The figure below identifies the prompts and user input required to produce this report. For prompts where no input is required (i.e. the user accepts the default input that is presented), the <Enter> command is inserted. An explanation for each prompt appears after the screen print.

```
IIV Inactive Policy Report

Please select a date range to view inactive policy information that IIV
did not file in the insurance buffer. (Date range selection is based on
the date that IIV receives the response from the payer.)

Start DATE:  1/1/2003  (JAN 01, 2003)
  End DATE: T// <Enter>  (JUN 07, 2004)

      Payer or <Return> for All Payers: <Enter>

  Patient or <Return> for All Patients: <Enter>

     Select one of the following:

          A         All Responses
          M         Most Recent Responses

Select the type of responses to display: A// <Enter> All Responses

Earliest Policy Expiration Date to Select From:  T-365// <Enter>  (Jun 08, 2003)

     Select one of the following:

          1         Payer Name
          2         Patient Name

Select the primary sort field: 1// <Enter>  Payer Name
DEVICE: HOME//   VIRTUAL TELNET LINK
```

```
Compiling report data ...
```

Figure 6-20 IIV Inactive Policy Report Input

The user may enter "^" at any prompt to exit the report or to move to a previous input field. After entering "^" the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a prior input field.

The user may enter "?" at any user input prompt to receive help text referring to the prompt the user is on. Entering "??" at some user input prompts will display additional help text.

All dates for the IIV Response Report use the same format.

Examples of Valid Dates

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.

User Input Fields

START DATE: Enter a valid date for which an IIV Inactive Policy response would have been received. Entering "??" at any date prompt will list the valid date formats. There is no default value here.

END DATE: Enter a valid date for which an IIV Inactive Policy response would have been received. There is no default value here.

PAYER OR <RETURN> FOR ALL PAYERS: Enter a string to identify a specific payer or accept the default by pressing <Return> to report on all payers.

PATIENT OR <RETURN> FOR ALL PATIENTS: Enter a string to identify a specific patient or accept the default by pressing <Return> to report on all patients.

SELECT RESPONSES TO VIEW: Select "All Responses" to create a report that displays all Inactive Policy responses from the payer during the user specified date range for the selected patient(s). Alternatively, select "Most Recent Responses" to display only the most recently received Inactive Policy responses from the payer during the user specified date range for the selected patient(s).

EARLIEST POLICY EXPIRATION DATE TO SELECT FROM: Enter a valid date in the past. Any policy with a reported expiration date prior to this date will not be selected. Enter a valid date or accept the default of "T-365" by pressing <Return>.

> For example, if the earliest policy expiration date is entered as T-6m, then any IIV discovered insurance that was reported as an inactive policy and that has an expiration date within 6 months from TODAY would be displayed on the report.

SELECT THE PRIMARY SORT FIELD: Select 1 (Payer) or 2 (Patient) to list the report records in alphabetical order by patient or payer. The default value here is 1(Payer).

DEVICE: Select print device. Enter "?" for formatting information. Enter "??" to list all available print display devices. Selecting the default, HOME, will print the report to the user's terminal screen.

The following screen displays a potential output of this report.

```
IIV Inactive Policy Report                      Jun 07, 2004@11:53:35  Page: 1
Sorted by: Payer Name                                Responses Displayed: All
                          06/01/2004 - 06/07/2004
                                 All Payers
                                All Patients

  Payer: FAMILY HEALTH SYSTEMS (COMMERCIAL)
Patient: IBPATIENT7,SEVEN (SSN: xxx-xx-0341  DOB: XX/XX/1951)

     Subscriber: IBPATIENT7,SEVEN
  Subscriber ID: 000000341                Subscriber DOB: XX/XX/1951
 Subscriber SSN: 000000341                Subscriber Sex: M
     Group Name: ADAMS-MILLIS                   Group ID: 00091
Whose Insurance: VETERAN               Pt Rel to Insured: PATIENT
      Member ID: 000000341                         COB:
   Service Date: 06/08/2004                Date of Death:
 Effective Date: 08/01/2001            Certification Date:
Expiration Date: 04/04/2002             Verification Date:
  Response Date: 06/01/2004                     Trace #: 9999999035

Eligibility/Benefit Information:

IIV has determined that this patient's policy is Inactive.

  Service Type: Vision (Optometry)
    Coverage Level: Family
       Plan Coverage Description: Vision One Discount Applies

 In-Plan-Network: YES
  Service Type: Vision (Optometry)
    Coverage Level: Family
       $50.00,  Quantity: 24 Month
         Time Period: Remaining,  $50.00
       Time Period: Day,  $10.00

                            *** END OF REPORT ***
```

Figure 6-21 IIV Inactive Policy Report (Output)

SECTION 7 – PURGING

Introduction

The IRM has the ability to purge files in the IIV TRANSMISSION QUEUE file (#365.1) and IIV RESPONSE file (#365) beyond a date range. VistA defaults to a range of the oldest date of an entry in the IIV Transmission Queue file or an entry in the IIV RESPONSE file (#365) to the current date minus 6 months. This means all entries within the files that are six months old or older will be purged. The IRM can override this and specify a different date range but cannot specify a date range that purges any entries younger than six months. This date applies to the DATE/TIME CREATED field. The purge will remove all entries in the IIV Transmission Queue file with a TRANSMISSION STATUS of 'Cancelled' or 'Communication Failure' and all their associated responses that are stored in the IIV Response file. This purge will also remove orphaned responses in the IIV RESPONSE file that have a TRANSMISSION STATUS of 'Response Received' and qualify for the selected date range.

Please note, the purge will remove a large amount of data, which could rapidly fill your journal files. It would be prudent to disable journaling of the global that includes the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files prior to running the purge. Journaling could then be enabled when the Purge has completed.

Purge Historical IIV Data

To purge historical IIV data, select the Purge IIV Transactions [IBCNE PURGE IIV DATA] option from the Purge Menu [IB Purge Menu] and answer the input prompts. The screen below depicts a user asking the system to purge historical IIV data. Note that the actual purging of the IIV data will not take place until 8:00pm that evening, as indicated by the message that is displayed to the user.

```
Select Purge Menu Option: IIV Purge IIV Transactions


   Purge Electronic Insurance Identification and Verification (IIV) Data Files

 To run this option, journaling should be temporarily disabled for ^IBCN.

 This option will allow you to purge data from the IIV Response File (#365)
 and the IIV Transmission Queue File (#365.1).  The data must be at least six
 months old before it can be purged.  Only insurance transactions that have a
 transmission status of "Response Received", "Communication Failure", or
 "Cancelled" may be purged.  You will be allowed to select a date range for
 this purging.  The default beginning date will be the date of the oldest
 eligible record in the system.  The default ending date will be six months
 ago from today's date.  You may modify this default date range.  However, you
 may not select an ending date that is more recent than six months ago.


Enter the purge begin date: 12/1/2003// <Enter>  (DEC 1, 2003)

  Enter the purge end date: 12/31/2003// <Enter>  (DEC 31, 2003)


 You want to purge all IIV data created between 12/1/2003 and 12/31/2003.

 OK to continue? NO// YES

 Task# 106689 has been scheduled to purge the IIV data tonight at 8:00 PM.
```

Figure 7-1 Purge Historical IIV Transactions

User Input Fields

ENTER THE PURGE BEGIN DATE: Enter a valid date. The purge will begin with Transmissions created on this date. This date may not be earlier than the oldest Transmission creation date. The default value is the earliest Transmission creation date.

ENTER THE PURGE END DATE: Enter a valid date. The purge will end with Transmissions created on this date. This date may not be later than today's date minus six months. The default value will be today's date minus six months.

YOU WANT TO PURGE ALL IIV DATA CREATED BETWEEN XX/XX/XXXX AND XX/XX/XXXX. OK TO CONTINUE? Enter YES to purge Transmission Queue entries created in the specified date range. Enter NO to abort the purge.

The following warning message will be displayed to the user, if the historical IIV data in the VistA system is not older than six months.

```
Select Purge Menu Option: IIV  Purge IIV Transactions

     Purging of IIV data is not possible at this time.
     The oldest date in the file is 6/1/2004.
     Data cannot be purged unless it is at least 6 months old.
```

Figure 7-2 Warning displayed when Attempting to Purge Data That is Too Current

After entering "^" the user will be prompted with "Do you want to exit out of this option entirely?" If the user selects YES, the user will be returned to the previous menu. If the user selects NO, the user will be returned to a previous input field.

Purging Reminder

On the first day of each month, during the nightly batch extract process, the IIV application determines if historical data exists that is eligible to be purged. The process utilizes the same search criteria used by the Purge IIV Transactions utility described above. If at least one eligible IIV transaction exists, the mail group defined in the General Parameters section of the Insurance ID and Verification Site Parameters will receive the following MailMan reminder.

```
Subj: IIV Data Eligible for Purge  [#13511224] 11/06/03@17:37  13 lines
From: IB IIV INTERFACE  In 'IN' basket.   Page 1
Subject: IIV Data Eligible for Purge

ATTENTION IRM:  There are IIV TRANSMISSION QUEUE and
IIV RESPONSE records eligible to be purged.

File                                 Eligible   Total
                                      Count     Count
-----------------------------------  --------  --------
IIV RESPONSE FILE (#365)               267      1993
IIV TRANSMISSION QUEUE FILE (#365.1)   331      2400
===================================  ========  ========
Total                                  598      4393

Please run option IBCNE PURGE IIV DATA - Purge IIV Transactions,
if you would like to purge the eligible records.
```

Figure 7-3 Example of an IIV Data Eligible for Purge Reminder

APPENDIX A – IIV TROUBLESHOOTING

- **Too Many Insurance Buffer Entries**– If there are too many Insurance Buffer entries for the verifiers to process on a daily basis, then users may edit the Insurance Buffer Extract settings in the Site Parameters (See Section 1). Users may lower the MAXIMUM EXTRACT NUMBER (#350.9002,.05) for one or more of the IIV extracts. Also adjust the HL7 MAXIMUM NUMBER (#350.9,51.15), otherwise known as the DAILY MAXIMUM HL7 MESSAGES, respectively.
    - ***The daily HL7 MAXIMUM NUMBER must be 20 or 25 higher than the sum of the MAXIMUM EXTRACT NUMBER values for all active extracts.***

  A general rule of thumb: the HL7 MAXIMUM NUMBER is approximately how many responses you will receive back from the payer on a daily basis. Some or all of these responses will be entered into the insurance buffer as a new entry. Do Not set the HL7 MAXIMUM NUMBER higher than the number of entries the insurance staff can process from the insurance buffer on a daily basis.

- **Increased Backlog of IIV Inquiries** – If the "Queued Inquiries" entry on the IIV Statistical report [IBCNE IIV STATISTICAL REPORT] (See Section 6) continues to increase over a period of time, you have a backlog of IIV inquiries. This backlog is occurring because the sum of the Maximum Extract Number values for all active extracts is higher than the HL7 MAXIMUM NUMBER (#350.9,51.15) otherwise known as the DAILY MAXIMUM HL7 MESSAGES. There are two common resolutions to this problem.
    - Either lower the MAXIMUM EXTRACT NUMBER (#350.9002,.05) for any/all of the active IIV extracts, which will in turn lower the number of inquiries getting placed into the Queue.
    - Otherwise, raise the HL7 MAXIMUM NUMBER to increase the number of inquiries getting sent out. ***The IRM should also be consulted before one increases the value of the HL7 MAXIMUM NUMBER field, since it has a direct relationship to the amount of traffic within the HL7 module.***

  (See the Insurance Identification and Verification Site Parameter Settings in Section 1 for directions on how to perform these actions.) ***The daily HL7 MAXIMUM NUMBER must be 20 or 25 higher than the sum of the MAXIMUM EXTRACT NUMBER values for all active extracts.***

- **No IIV Inquiries Sent** – If the "Inquiries Sent" and "Responses Received" entries on the IIV Statistical report [IBCNE IIV STATISTICAL REPORT] (See Section 6) both remain at zero while the "Queued Inquiries" entry on the report continues to increase over a period of time, then no IIV inquiries are being sent. If this situation occurs over a two days elapse and both the "Inquiries Sent" and "Responses Received" entries remain at zero, there is a communications problem with Austin. To restore connectivity to Austin, ask your IRM for assistance. The directions for the IRM can be found in this section and in the Integrated Billing Insurance Identification and Verification Technical Manual.

  The IIV Statistical report should be reviewed the next day to ensure that inquiries have started transmitting again.

- **How to Restore Connectivity to Austin - (IRM only)**
  1. Verify that the names of the HL7 Logical Links were not changed. They must be "IIV EC" and "IIV SERVER".
  2. Verify the following settings for the HL7 Logical Link "IIV EC":
     - The institution field is blank
     - The domain field is set to **IIV.VITRIA-EDI.AAC.VA.GOV**
     - The AUTOSTART field is set to **enabled**
     - The TCP/IP address is set to **10.224.187.133**
     - The TCP/IP Port is set to **5100**
  3. Verify the following settings for the HL7 Logical Link "IIV SERVER":
     - The institution field and domain field are blank
     - The AUTOSTART field is set to **disabled**
     - The TCP/IP address is defined
     - The TCP/IP Port is set to **5100**
  4. Verify that the HL7 Logical Link "IIV EC" is running.
  5. Verify that the HL7 Logical Link "IIV SERVER" is still defined but shutdown.
  6. Ask your IB Supervisor or insurance personnel who brought this communication issue to your attention, to review the IIV Statistical report the following day and confirm that connectivity has been restored with Austin.
  7. If this does not resolve your communication with Austin for IIV ask the IB Supervisor or insurance personnel to log a NOIS with the VA support.

- **There is no link between an Insurance Company and a Payer** – For IIV to work, insurance companies must be linked to a payer. This is an important on-going process. To link insurance companies to a payer follow the basic guidelines listed below:
  - Run the "IIV Payer Link Report" option by Insurance Company List, for all unlinked insurance companies. Use the keyword feature when running the report to narrow down the search. This will provide a report showing which insurance companies, whose name contains the keyword, that are not linked to a payer. (For more details of how to run this type of report, see Insurance Company Keyword Search within section 6).
  - Next, use the "Insurance Company Entry/Edit" option to link those insurance companies to the correct payer.

- **Insurance Buffer entry has a '!' next to the patient's name** – When IIV runs into a problem trying to create and transmit an insurance inquiry to a payer using a buffer entry the entry will be flagged with a '!' beside the patient's name inside the insurance buffer. To view the error or problem that IIV encountered expand the buffer entry using the Expand Entry action. Underneath the section Buffer Entry Information, the error message will be displayed as the Current IIV Status. Read the explanation of the problem. There are sometimes more than one way to correct the problem. For a possible solution, follow the instructions listed below the specific error. These instructions usually start out as "Action to take".
  - For a list of all Error Messages that may display as the Current IIV Status of an insurance buffer entry, see Appendix G.

APPENDIX B – MENU MODIFICATIONS QUICK REFERENCE

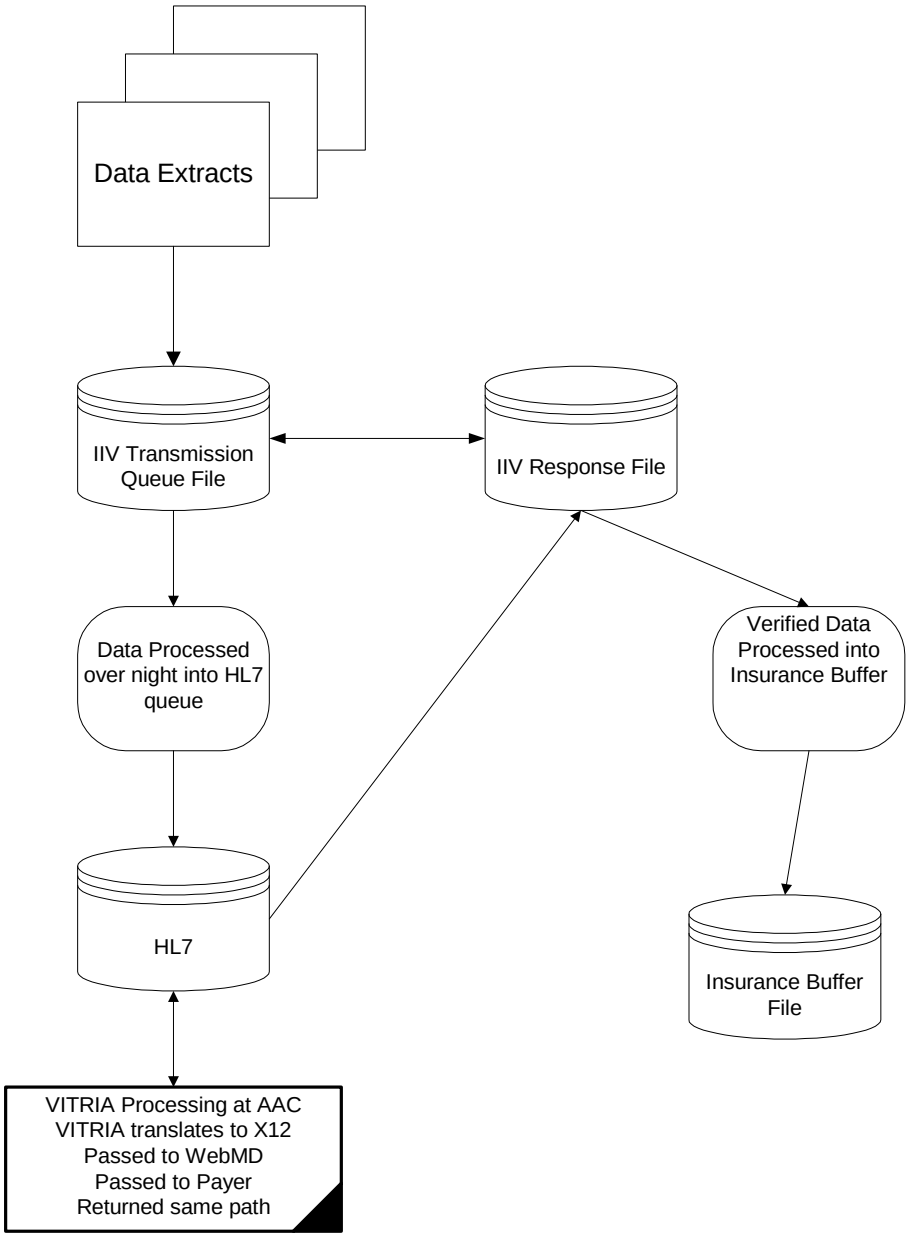
If you have this menu …	This is a new option on that menu …	With these sub-options
Patient Insurance Menu [IBCN Insurance Mgmt Menu]	Insurance Company Entry/Edit* [DG INSURANCE COMPANY EDIT]	N/A
Patient Insurance Menu [IBCN Insurance Mgmt Menu]	IIV Menu [IBCNE IIV Menu]	Add Auto Match Entries Using Insurance Buffer Data [IBCNE Auto Match Buffer] Enter/Edit Auto Match Entries [IBCNE Auto Match Enter/Edit] Request Electronic Insurance Inquiry [IBCNE Request Inquiry] IIV Payer Report [IBCNE IIV Payer Report] IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT] IIV Response Report [IBCNE IIV Response Report] IIV Statistical Report [IBCNE IIV Statistical Report] Potential New Insurance Found [IBCNE Potential New Ins Found]
Patient Insurance Menu [IBCN Insurance Mgmt Menu]	Payer Maintenance Menu [IBCNE Payer Maintenance Menu]	Payer Edit (Activate/Inactivate) [IBCNE Payer Edit] Link Insurance Companies to Payers [IBCNE Payer Link]
Purge Menu [IB Purge Menu]	Purge IIV Transactions [IBCNE Purge IIV Data]	N/A
N/A – Run by TaskMan	IIV Nightly Batch Processing [IBCNE IIV Batch Process]	N/A

To perform this task/action ...	Select the Menu Option ...	The selected option can be found on this menu ...
Link insurance company to a payer	Insurance Company Entry/Edit* [DG INSURANCE COMPANY EDIT]	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
Add new auto match entries to the Auto Match file using the Insurance buffer entries to help	Add Auto Match Entries Using Insurance Buffer Data [IBCNE Auto Match Buffer]	IIV Menu [IBCNE IIV Menu]
• Add new Auto Match entries • Edit existing Auto Match entries	Enter/Edit Auto Match Entries [IBCNE Auto Match Enter/Edit]	IIV Menu [IBCNE IIV Menu]
Monitor the IIV activity for a payer or all payers.	IIV Payer Report [IBCNE IIV Payer Report]	IIV Menu [IBCNE IIV Menu]
• Get a summary of all IIV payers and their current status • To find out which IIV Payers are locally active • To find out which IIV Payers are Nationally active • To find out if an entry in the insurance company file was skipped when linking entries to a payer	IIV Payer Link Report [IBCNE IIV Payer Link Report]	IIV Menu [IBCNE IIV Menu]
• View all responses received from a given payer • View all responses received for a given patient	IIV Response Report [IBCNE IIV Response Report]	IIV Menu [IBCNE IIV Menu]
• Check for backlogs of IIV inquiries • Check to see if VistA is successfully sending insurance inquiries to Austin • Check to see if incoming insurance responses from Austin are being received by VistA	IIV Statistical Report [IBCNE IIV Statistical Report]	IIV Menu [IBCNE IIV Menu]
• Change the payer from locally inactive to active for IIV. • Change the payer from locally active to inactive for IIV.	Payer Edit (Activate/Inactivate) [IBCNE Payer Edit]	Payer Maintenance Menu [IBCNE Payer Maintenance Menu]
Run report to see which payers may be linked to more active insurance companies. *** Very Important:** This option will only help find a few of the insurance companies that need to be linked to a	Link Insurance Companies to Payers [IBCNE Payer Link]	Payer Maintenance Menu [IBCNE Payer Maintenance Menu]

payer. After running this option, use the IIV Payer Link report and the Insurance Company Entry/Edit option to find the remaining insurance companies that need to be linked to a payer.		
*** IRM ONLY:** To maintain the files relating to IIV insurance inquiries and the payer's responses.	Purge IIV Transactions [IBCNE Purge IIV Data]	Purge Menu [IB Purge Menu]
Force IIV to send an insurance inquiry to Austin for a given patient that night	Request Electronic Insurance Inquiry [IBCNE Request Inquiry]	IIV Menu [IBCNE IIV Menu]
Run IIV Nightly process – (Runs IIV extracts, sends insurance inquiries to Austin, schedules IIV Statistical report to go to the IIV associated mail group when applicable, and sends purge reminder to the IIV associated mail group when applicable.)	IIV Nightly Task [IBCNE IIV Batch Extracts]	N/A – Run by TaskMan

APPENDIX C – FLOWCHART OF IIV PROCESS

This flowchart describes the logic flow for the process of verifying or identifying insurance information.



APPENDIX D – GLOSSARY

TS 270/271 - HIPAA-compliant electronic data standard used to request and receive eligibility information.

AAC - Austin Automation Center

EC – Eligibility Communicator – this refers to the National Health Insurance Cache database that is housed in the AAC in Austin, TX. The IIV software communicates with the Eligibility Communicator directly through HL7. The EC in turn searches its caches insurance information data, and communicates with Communication Partners (ex. WebMD) to create an eligibility response that is returned to the VistA system.

EDI – Electronic Data Interchange

eIIV – Insurance buffer entry source name in the Insurance Buffer List to signal entry processing by Insurance Identification and Verification.

Freshness Days - FRESHNESS DAYS (#350.9,51.01) is a general site parameter that determines how "fresh" the insurance verification must be before IIV seeks to electronically verify it again. This parameter value applies to the insurance buffer and the appointment extracts and is checked when a patient/insurance pair has been retrieved from the database.

FSC – Financial Services Center (an organization in Austin, Texas)

HL7 – Health Level Seven, a standardized application level communications protocol that enables systems to exchange information and to effect requests and responses. Basically, HL7 is an agreement between two HL7-compliant systems that specifies where to expect certain data in a stream of characters.

HMO – Health Maintenance Organization

Insurance Buffer – The data store within the VistA database that holds proposed permanent insurance file changes for review and acceptance and only then merged into the permanent insurance files; the IBCN Insurance Buffer Process option available in VistA, also known as Process Insurance Buffer.

IIV – Insurance Identification and Verification

Insurance Buffer Extract - This extract generates insurance inquiries based on the unverified entries in the insurance buffer.

Insurance Identification - The process taken to identify which insurance carriers and/or plans the patient has. IIV is expected to use an automated discovery process on the basis of polling the Medical Center's top paying carriers. Alternative procedures involve reading the patient's insurance identification card and asking the patient.

Insurance Verification - The process for validating a patient's insurance. The Medical Centers call the carriers to receive confirmation. IIV is to be the automatic means.

IIV Payer Report [IBCNE IIV PAYER REPORT] – This report is used to monitor the communication between VistA and the payers. Information is organized by payer and includes successful and unsuccessful inquiries and responses. The user may choose to include rejections on the report.

IIV Response Report [IBCNE IIV RESPONSE REPORT] – This report allows the user to view a response for a particular trace number or, by selecting a date range, payer(a) and patient(s), to view several responses at once.

IIV Statistical Report [IBCNE IIV STATISTICAL REPORT] – This report lists all inquiries sent and responses received for a user specified timeframe. In addition, various current statistics can be displayed that are independent of the selected date/time range.

IRM - Information Resource Management

MailMan - MailMan is an integrated data channel in VistA for the distribution of: Patches (KIDS builds), software releases (KIDS builds), computer-to-computer communications (HL7 transfers, Servers, etc.), Person-to-person messaging (Email).

MCCF - Medical Care Cost Fund

MCCR - Medical Care Cost Recovery. This term has been officially replaced by MCCF though both are used interchangeably.

No Active Insurance - This extract generates insurance inquiries for patients who have been seen recently, are not deceased, are veterans, and for whom IIV has not tried to identify insurance within a specified number of days. They could have never had any insurance entered or all of their insurance other than Medicare could have expired.

Non-verified Insurance - This extract generates insurance inquiries for patients who have been seen recently, are not deceased, and are veterans. These patient must also have an active insurance which is designated as "reimbursable", is not an HMO, and that has a verified date older than the specified number of days.

OCD – Operational Concept Description

Payer – An entity that makes third party payments (the patient is the first party, VHA is the second party) for health care services. Health care insurance companies are payers.

PIMS - VistA's Patient Information Management System

PreR – The insurance buffer entry source name in the Insurance Buffer List and created in Pre-Registration.

Provider - Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services. (healthinsurance.org)

SRS – Software Requirements Specification

VA – Veterans Administration

VAMC – Veterans Administration Medical Center

VCML – The Eligibility Communicator's Value Chain Markup Language

VHA - Veterans Health Administration

VISN – Veterans Integrated Service Network

VistA -- Veterans Health Information Systems & Technology Architecture, which includes the systems formerly known as the Decentralized Hospital Computer Program (DHCP) System.

X12 – A standardized application level communications protocol that enables systems to exchange information.

APPENDIX E – INSURANCE BUFFER IIV STATUS INDICATOR SYMBOLS

Value	Meaning
(blank)	An entry with a blank character in the verified column is an insurance buffer entry that is awaiting electronic processing via IIV. If the source is "eIIV" then this entry was potentially created through the "Request electronic insurance inquiry" IIV option.
+	An entry with a "+" in the verified column indicates that the insurance information in the insurance buffer entry was electronically acknowledged by the payer, through the IIV process, as an Active insurance policy. In other words, the IIV payer indicated that this is an active policy via electronic inquiry/response.
-	An entry with "-" in the verified column indicates that the insurance information in the insurance buffer entry was electronically acknowledged by the payer, through the IIV process, as an Inactive insurance policy. In other words, the IIV payer indicated that this is NOT an active policy via electronic inquiry/response.
#	This IIV Status can mean one of two things. 1) IIV received an electronic response from the Payer, but was not able to determine whether or not the Payer is indicating active coverage. Manual confirmation of this insurance information is required. If present, review the associated IIV Response Report carefully, specifically focusing on the Eligibility/Benefits section. 2) IIV received an electronic response; however, the response indicated some type of error occurred. Manual confirmation of this insurance information is required. The user may find the reason for the failure at the bottom of the Expand Entry listing. In addition, if the IIV Response Report is present, the user should review this report carefully for possible additional information.
?	An entry with a "?" in the verified column is an entry for which IIV has sent an insurance inquiry to Austin and is now waiting for a response. If the insurance staff elects to verify an entry marked with a question mark it will not hurt IIV. In other words, IIV inquiry was sent; the software is now awaiting a reply from the Payer.
!	An entry with a "!" in the verified column is an entry for which IIV could not create an inquiry. The user may find the reason for the failure at the bottom of the Expand Entry listing. Some of the reported problems may be things that the user can fix so that the buffer entry, and other entries like it, can be successfully sent to Austin as an IIV inquiry when the IIV process runs again. However, other reported errors are problems that IIV encountered that can not be corrected by the user for IIV. In these instances, the user will manually have to confirm the information within the buffer entry. An entry's reported error may be corrected during the day and IIV will attempt to create an inquiry the next time the IIV process is run by TaskMan.
*	An "*" in the verified column is not an IIV related Status.

APPENDIX F – IMPLEMENTATION CHECKLIST (FOR IB*2*184 ONLY)

The following tasks must be accomplished before, during and after the eIIV patch IB*2.0*184 is installed at your medical center. This quick checklist identifies the order in which tasks must be completed and the responsible parties for either performing an action or providing information. Please refer to the eIIV Installation Guide and Release Notes for step-by-step instructions on how to complete these actions.

✓	Pre-Implementation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Verify that required IB patches were installed.	x	
	Verify that the domain reflected in patch XM*DBA*153 was manually added to the system	x	x
	Identify members of the IBCNE IIV MESSAGE mail group.		x

✓	Patch Installation Task	IRM	Revenue Coordinator and/or Insurance Supervisor
	With the assistance of a system administrator (system manager) define the new IBCN global.	x	
	Ensure that all Integrated Billing users are logged off the system.	x	
	Install the IB*2.0*184 patch.	x	
	Enable journaling for the new ^IBCN global.	x	

✓	Post-Installation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Add members to the IBCNE IIV MESSAGE mail group.	x	
	Assign security keys & menus to users.	x	
	Setup HL7 logical links for IIV	x	
	Configure the eIIV site parameters as recommended in the eIIV Installation Guide. IRM must provide assistance with setting up the eIIV Site Parameters that correspond with HL7 messages / traffic.	x	x

✓	Site Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Execute the IBCNE IIV BATCH PROCESS option and wait for it to complete.	x	
	Check IBCNE IIV MESSAGE mail group messages. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	x	
	Check the HL7 system monitor for incoming messages and verify that 350+ messages were received.	x	
	Check IBCNE IIV MESSAGE mail group messages again. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	x	
	Confirm the HL7 logical link settings. Proceed if they have not been updated. Otherwise, start over.	x	

✓	Post-Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Link insurance companies to payers.		x
	Enable the linked payers.		x
	Schedule the nightly IBCNE IIV BATCH PROCESS through TaskMan.	x	
	Use the IIV Site Parameters and gradually enable IIV extracts to begin sending inquires and receiving responses.		x

APPENDIX G – IIV ERROR MESSAGE DESCRIPTIONS

- **IIV could not create an inquiry for this entry. IIV could not match the insurance company name in the Insurance Buffer file to a valid insurance company name in the Insurance Company file.**

  Action to take: Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file. Otherwise, contact the insurance company to manually verify this insurance information.

- **IIV could not create an inquiry for this entry. IIV matched the insurance company name in the insurance Buffer file to more than one uniquely named insurance company in the Insurance Company file. This indicates that the Auto Match check or the Synonym check yielded multiple insurance companies from the Insurance Company file.**

  Action to take: Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file. Otherwise, contact the insurance company to manually verify this insurance information. (* Advanced users: Use the option "Enter/Edit Auto Match Entries" to check the entries in the Auto Match file. Make sure there is no more than one entry in the Auto Match file, if any, which corresponds to the insurance company name found in this buffer entry.)

- **IIV could not create an inquiry for this entry. IIV matched the insurance company name in the Insurance Buffer file to more than one insurance company entry with the same name in the Insurance Company file. At least one of these matching entries are linked to a different payer.**

  Action to take: Run the "IIV Payer Link Report" option by Insurance Company List, for all linked insurance companies, using the keyword feature to narrow down the search. This will provide a report showing which payer the different insurance company records are linked to. Next, use the "Insurance Company Entry/Edit" option to correct those insurance companies who are linked to the wrong payer.

- **IIV could not create an inquiry for this entry. There is no link for this insurance company between the Insurance Company file and the Payer file. This may occur because the insurance staff did not attempt to manually link the named insurance company to the payer list or the insurance staff did not find a payer in the payer list that they wanted to link this insurance company to.**

  Action to take: Either contact the insurance company to manually verify this insurance information or link the insurance company to a payer. Steps to link an insurance company to a payer are as follows: run the "IIV Payer Link Report" option by Insurance Company List, for all unlinked insurance companies. Use the keyword feature when running the report to narrow down the search. This will provide a report showing which insurance companies are not linked to a payer. Next, use the "Insurance Company Entry/Edit" option to link those insurance companies to the correct payer.

- **IIV could not create an inquiry for this entry. The payer is not nationally active for IIV.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **IIV could not create an inquiry for this entry. The payer is not locally active for IIV.**

Action to take: Either use the option "Payer Edit (Activate/Inactivate)" to locally activate this payer or contact the insurance company to manually verify this insurance information.

- **IIV could not create an inquiry for this entry. The payer does not accept electronic insurance eligibility requests. The IIV application data does not exist in the Payer file for this payer.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **Information received via electronic inquiry indicates patient has active insurance.**

  Action to take: Review the details listed in the IIV Response Report before processing this buffer entry.

- **Information received via electronic inquiry indicates patient does NOT have active insurance.**

  Action to take: Review the details listed in the IIV Response Report before processing this buffer entry.

- **This buffer entry is currently still being processed by the IIV application. Unless instructed otherwise, there is no reason you should do anything with this buffer entry.**

  Action to take: None.

- **The electronic response indicated an error of some kind that needs to be corrected before the insurance inquiry can be re-transmitted.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **An unknown and unforeseen error has occurred with this entry.**

  Action to take: Please log a NOIS for this issue; include a trace number if available.

- **IIV could not create an inquiry for this entry. The insurance company found is listed as inactive in the Insurance Company file.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **IIV could not create an inquiry for this entry. IIV cannot send inquiries to Medicare or Medicaid.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **IIV was unable to electronically verify this insurance information due to a communication failure.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **The insurance company name for this buffer entry is blank.**

Action to take: Please review the NOIS ROS-0402-53243. If the cause of the problem described in the NOIS does not apply to your site, please log a new NOIS for this issue; include a trace number if available. Otherwise, please contact your IRM and provide them with this buffer information and the NOIS ROS-0402-53243.

- **IIV could not create an inquiry for this entry. The payer associated with this insurance company has been deactivated.**

  Action to take: Either edit this insurance company and link it to another payer, using the "Insurance Company Entry/Edit" option; otherwise, contact the insurance company to manually verify this insurance information.

- **IIV could not create an inquiry for this entry. This patient's insurance must be verified manually because the Subscriber ID is missing.**

  Action to take: Contact the insurance company to manually verify this insurance information.

- **An ambiguous response has been received. It could NOT be determined whether the insurance company identified the patient as an active member of the insurance plan. Please contact the insurance company to manually verify this insurance information.**

  Action to take: Review the details listed in the IIV Response Report and contact the insurance company to manually verify this insurance information.

- **While processing a payer response, an unknown and unforeseen error has occurred with this entry.**

  Action to take: Please log a NOIS for this issue; include a trace number if available. A user may process this buffer entry if a NOIS has been logged with the associated trace number. To process this buffer entry, review the details listed in the IIV Response Report and contact the insurance company to manually verify this insurance information.

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